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Educational Work Among Crippled Children

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The present Red Cross Unit of the University Hospital, Edmonton, is divided into five rooms: the nursery for the babies in cots, another nursery for the children around three and four years old, a receiving room for patients when they are first admitted and two large wards with sun parlours for the boys and girls respectively. The ages of the patients at the present time range from a few weeks old to sixteen years, and the time spent in hospital varies to an equal degree. Among the younger children, there are always several diabetic cases under observation and several cases of children born with cleft palate. The latter are, almost without exception, children of unusual intelligence. They are very alert and active, both mentally and physically; are strongly imaginative; very sensitive to their environment, and are children who, when quite young, show marked evidence of creative ability.

The boys in the large ward are chiefly orthopaedic cases. Alfred, Lyall, and Adam are the three youngest children in this ward. Alfred has been four years in hospital; has never walked but has always been strapped to a frame or in a cast, but in a short time, with the help of a special brace, he will walk. Lyall and Adam will have in time, a matter now of a few months, a complete recovery.

Then comes a group of four boys who are both physically and mentally crippled. They cannot quite be classed as mentally deficient in the usually accepted meaning of that term, but they are certainly subnormal and erratic in their development. One of the group, in particular, who has only recently come, is a very peculiar case of an almost entire lack of vitality. He is not unhappy, but listless and lacking in curiosity. He will be ready for school shortly and it may be that work of a special nature might prove if there are latent powers which, perhaps owing to physical conditions, have been unable to develop, or whether, as is very possible, there is a deficiency which no medical or psychological skill can supply.

The three senior boys, Harry, Lawrence, and Harold, are around thirteen to sixteen years of age. Harry and Lawrence attended school only as far as Grade II until fifteen months ago, when the school work was begun in the hospital. Harry was paralysed in the right side, and so has had the added work of learning to use his left hand. Harold, the oldest boy in the ward, with glorious ruddy-gold hair and the intense temperament that is the usual accompaniment, was in school as far as Grade VI. A serious illness left a spinal weakness, and, for the present, he also is obliged to lie day and night on a frame.

The girls offer no unusual problems. Phyllis and Joan are heart cases resultant from rheumatic fever, and simply require rest and care. Julia, a little, fair, blue-eyed Ruthenian girl, born with both hips dislocated, who will be in hospital for several months, but who will, at the end of that time, walk like a normal child; Frances, a little Japanese baby of four, who sits in her crib at the far end of the ward, and is the quintessence of Oriental calm and placidity; Lilian, who has no muscular control, revealing only through the light in her eyes the emotions that flit through her mind; Sylvia, who, when she came, was helpless and confined to bed, who can now use a wheel chair and stand, and who, in a few months,

will be able to walk and return home; and Jenny, the oldest child, who has been in bed nearly two years, whose response to the treatment she is receiving is almost miraculous—a child who possesses a mind of unusual balance, poise and maturity.

That is a very sketchy survey of the children, but will make you familiar with their names, as I may happen to mention them.

The hours for our school work are from nine to twelve and, as you know, those hours are also the ones set apart in a hospital for a great many other activities. The maids are sweeping and dusting the wards; beds are being made; dressings are being done; children are being prepared for operations; are being wheeled to and from the quartz lamp room; the various doctors are paying their visits and holding clinics on patients of special interest. All these items are part of our daily environment and one might think when compared to the usual classroom where there is not such complex activity, that these conditions would make school work very difficult, if not impossible. But such is not the case, and the only conclusion to be derived is that human nature is much more adaptable than we realise. Everything is done as quietly and unobtrusively as possible: there are no avoidable interruptions, and there is such continued and unfailing courtesy and consideration from all the staff that we are hardly aware of what might easily have proved an unsurmountable handicap.

When we began the school work over a year ago, we approached it in this way: Several of the children nine and ten years old had never been to school; others had been away for a few years, and some, who had been attending school, had, from physical causes, been unable to take as full advantage of the tuition as they might otherwise have done. We have very little equipment: a blackboard, a map of the world, scribblers and pencils, and individual blackboards which have proved of great usefulness. These are simply old pieces of blackboard, varying in size, with which I experimented at the beginning because it was impossible for those children who were lying on frames to use paper and pencil with any degree of comfort. The individual boards eliminated the difficulty, being easier to handle than paper, providing a firm surface on which to write, and saving the sharpening of pencils, an important detail when time was so precious and so limited. For one or two special cases the carpenter made frames similar to invalid book rests, large enough for the boards to rest on securely.

And now, as to the work itself. Occasionally I have something like this said to me: "But, of course, you just try to amuse the children; you don't attempt to teach them anything." I can never think of an adequate reply to such a remark, because it shows such a complete misconception of what is actually being done. I find, also, that children are not very interested in being "amused" by fatuities of adults who have little knowledge of children's needs and interests. It is indeed asking for bread and being given a stone when we provide amusement: the stimulation of a moment instead of genuine work, which sharpens the intellect and satisfies that innate desire for knowledge which is our common heritage.

From the beginning, our main object was to follow, as far as was possible in the circumstances, the curriculum as planned by the Department of Education, in order that, when the children returned to their respective schools, they would be able to enter a grade suitable to their age. And so the first thing we did was to study the Course of Studies together. We saw the requirements for each grade and planned our work accordingly. The first few months were a constant testing process of what they already knew, but it was in no sense an external examination, but was carried out with their eager co-operation. For example, let us suppose a child who had been in Grade III when she left. Together we looked up the syllabus

for Grade III and made a series of tests in the main subjects. These I made purposely easy at the beginning to give her every opportunity of getting them correct, and so gain confidence in herself and her own ability. Gradually they increased in difficulty, until we came to work that was obviously new, and that was approached from a different angle. And so on with each subject. Two or three of the older boys had never been to school at all, and we spent a large part of our time on these cases, in learning to read and write and do elementary number work. The rates of development varied so much that better results were accomplished by even ten minutes' private tuition combined with the work done by a small group. The preliminary work, as a rule, was taken individually, and the same work was taken later in a group when they usually compared each other's work with an interest, an ingenious frankness and a fine discrimination that, unconsciously to themselves, was of the highest critical value.

They found continually fresh interests in these subjects of reading, writing, and number work. The writing of the letters was taught chiefly by the method used by Dr. Montessori and in groups that are alike: *e.g.*, a, d, g, q. When a child could make the letter "a," d, g, q offered no difficulty, and the entire alphabet was very quickly learned, not in alphabetical order, but in groups of similarity of form. I taught in pairs as unlike as possible, *e.g.*, "d" and "r". There is no relationship either in sound or appearance between these two. We made use of the advertisement pages of magazines where the print was large by the children marking all the letters "d" in red and the letters "r" in blue, and nothing else, so that their complete attention was focussed on these two letters for the time being. These are merely pedagogical details which may be of interest; the real secret, of course, of the rapidity with which they learned this part of the work lay in their realisation of the unusual and grotesque forms which our various letters assume and which by the subtle alchemy of a child's interest changed our prosaic alphabet into something of intense fascination.

Perhaps the child to whom the varied forms of the letters has given the greatest pleasure has been Alfred, who is still with us; but then Alfred is a realist and sees things as they are, apropos of which I might mention an incident that happened when we were in the Main Building. We were then in what was really one large room, the various divisions separated by half-way partitions so that there was constantly a medley of sounds floating in mid-air in a queer kind of fantastic orchestration. As a rule, we did not allow this to trouble us, but one morning sounds came from the boys' ward of such a peculiar nature as to demand investigation. I found it to be proceeding from Alfred and his companion, another Alfred as it happened. So I said, "Now what do you boys think you are doing?" and Alfred replied, "We're not doing anything, Mrs. Steele. We're a radio, and he's the music and I'm the static."

Then, also, from the beginning, I tried to teach the children not merely what to study but *how* to study. This was vitally important to them as so much of their work was being done without supervision. We still do that with all our subjects, talking it over together, continually making experiments and finding new and direct ways of reaching our goal. For example, in memorising prose and poetry, we say that "*rhythm*" and not rhyme was the important element; that just as everything in Nature obeys its own law and follows the rhythm adapted to its own life, so also does everything in sculpture, music, literature, painting or scientific invention, which, after all, is only a creation in form from the mind of man. To test whether or not they had grasped the idea of rhythm in poetry, I took one day that lovely poem of Alice Meynell's, The Shepherdess, the first verse

of which is as follows:

"She walks—the lady of my delight—
A shepherdess of sheep.
Her flocks are thoughts. She keeps them white;
She guards them from the steep;
She feeds them on the fragrant height,
And folds them in for sleep."

and asked them to write it out in lines following the rhythm, not the rhyme, and in every case it was written correctly.

History, geography, and literature we take on the broadest lines. We have studied the explorers of all countries and all times, from Moses crossing the Red Sea with the Children of Israel to Lindbergh crossing the Atlantic in the Spirit of St. Louis. They draw many maps, and in this connection have made cardboard models of the various countries which they use whenever they wish quickly to draw an outline of any country. We prefer to draw many maps and keep them simple rather than have one map complex and confused. In literature, also, we glean from all lands: fragmentary poems from the Orient, folk songs from Europe; the old stories of Greece and Rome, and Persia, and our own lovely Indian legends of Canada. To unite all this work together we are beginning this month scrap books of the different nations, which shall be composed of pictures of men and women in any field of activity, outstanding buildings and works of art of international fame: anything, indeed, that can be pictorially represented and will help to make that country a vivid and living reality to the children.

And sometimes we have holidays, sports days, when we leave our daily work and go off on adventures of the mind. There was the morning for instance, last year, just after the Kinsmen's Club had given them the quartz lamp and they were eager to know what it was and what it did, and so we dropped our proposed study of the Magna Charta and transitive verbs and highest common factor from us as if they were old garments and were flying off many thousands of miles to the Sun—the great centre of all life on this planet, and we became for the moment sun-worshippers. We visited the island of Cos, on which was built many hundreds of years ago a great temple of Healing. We listened to Hippocrates as he told the sick and weary people of Greece to let the sunshine play upon their bodies and enter their minds; we visited the open-air schools in the snowy mountains of Switzerland where weak children become strong and lame children walk, and at last we returned to our own quartz lamp, the same sunlight, the same great force of healing, but brought indoors by the scientific brain of the 20th Century, and where, to quote Dr. Saleeby, "the Great Sculptor the Sun works with an invisible hammer and chisel, moulding crippled and deformed bones to strength and beauty."

I have only been able to give you a glimpse into the lives of the children, and a slight idea of our work. The hospital never seems to be an institution—it is just a big and very happy family. I think that, with the true intuition of the child, they realise that the great organisation of the Red Cross has taken charge of their maimed and twisted bodies—they have a perfect and implicit faith that they are being cared for. There is no feeling of sickness or depression or self-pity, but instead the constant eagerness, the spontaneity, and the dynamic quality that emanates from healthy minds. I myself am never conscious of the relationship of teacher to pupil, but rather that for a few hours each morning, we share together the greatest adventure of all, the adventure of Living.

[The foregoing address was given by Mrs. Steele before the Women's University Club of Edmonton in order that these women could obtain an insight into the educational work being carried on among crippled children. The writer in her opening remarks expressed the wish that she hoped to be able to emphasize the outstanding importance of the children's personalities and the atmosphere which they themselves are largely helping to create.—Editor's note.]

Editorial

What of the Future?

The average person is confronted by the two main hazards of dying too soon or of living too long. Of these contingencies, and the consequences flowing from them, the former is in general better appreciated; but the hazard of outliving one's means of support is all too often completely ignored.

Nothing can be more pathetic than a dependent old age. To feel that no provision has been made for support and that one is friendless and alone, or at best dependent upon others, is indeed a bitter experience. The sunset of life should be a period of dignity and peace, with leisure to travel, to read the books and do the things that we could not find time for before.

A few fortunate ones are able, through business ability or by some lucky stroke, to "make money." Being assured of a competence sufficient to see them through, their future outlook is at least unclouded by economic worry. But the vast majority of us cannot depend upon "making" money; we must earn what we get by hard work. Salaried persons and those whose incomes are derived from a profession belong to this class. Unless by the conditions of their employment they are eligible for adequate pensions their problem is to save enough during the productive years of their lives to ensure reasonable comfort after retirement becomes necessary.

Nurses, as a class, undoubtedly answer to this description. That many, if not most of them are giving thought to the problem is also quite clear. Any adequate solution, however, can be arrived at only by adherence to a systematic plan, and intelligent planning is not possible without some knowledge of ways and means. To direct one's savings into the safest and most productive channels is all-important.

In the hope of arousing further interest in this very vital subject, we are featuring in this issue a special article which we trust may be of practical value to our readers.

The Education of the Graduate Nurse

The close association of the nursing profession with the practice of medicine makes the education and training of the graduate nurse of considerable importance to the medical profession. The origin of nursing, of course, dates back to the mists of antiquity, but the modern conception of nursing dates from the time of Florence Nightingale. Since her time, the steady advance in medical knowledge has been reflected in the improved training of the nursing profession. The curricula of the training schools have been constantly expanded so that at the present time the larger centres give a course of instruction which covers very comprehensively the fundamentals of modern scientific medicine. The graduate nurse of today is trained to have an excellent grasp of the theory and practice of scientific medicine, insofar as it relates to nursing.

At the same time, there has been a very marked advance in the general education of the public and a great improvement in the means of diffusing knowledge. A great deal of instruction in elementary science is being constantly provided by the radio, by articles in the public press, and by many other means. The diffusion of wealth increases the desire for education and culture. Those in the professions, in order to occupy

their proper place in the estimation of the public, must not only be well informed in subjects pertaining especially to the particular profession chosen, but must also be broadly educated and cultured. They should keep well ahead of the general level and in no profession is this more necessary than in those of medicine and nursing, where personality and an understanding of the psychology of human nature play such an important part. It becomes, therefore, of paramount importance to take stock occasionally of the methods used in preparing these individuals to measure up fully to the standards demanded of them.

Training schools for nurses have recognised this, and have endeavoured to meet the situation by raising the entrance requirements. But there is plainly a limit to this process, for if the course is made too exclusive, the services of the graduate must necessarily cost more than the average individual can afford. One of the faults of our present system of training is that it is too exclusively practical and scientific. The undergraduate nurse rarely has the time, or the energy, after her day's routine is over, to apply herself to studies of cultural or of general educational value unless these are provided for her as part of her course. In the larger centres at least, there should be no difficulty in providing this and even if it were necessary to alter the curriculum by lessening slightly the amount of theoretical teaching, the inclusion of such a course would more than make up for this loss. It would go a long way toward fitting the graduate to step out into a busy world and to feel that in the pursuit of knowledge related to her profession she had not altogether lost contact with the other sides of life. This would make for self-confidence and a more rapid orientation in the world of human beings.

One line of instruction comes to mind at once. Pope says: "The proper study of mankind is man." There is no subject of so much value in this connection as history. A course of lectures on world history, tracing the development of the human race from its earliest beginnings to the present, and of the various arts and sciences, such as literature, music, architecture, painting and many others which could be mentioned, and closing perhaps with lectures on the history of medicine and the history of nursing, given during the final year, would be of distinct advantage. Many other subjects could be included from time to time. Even two lectures per month carried on through nine months of the year would suffice to give the undergraduate a sort of bird's eye view of human affairs and interests, and without doubt each would find for herself some special phase which particularly interested her and which would stimulate her to pursue it further of her own accord. Such a course given by various members of the staff would no doubt be welcomed by undergraduates whose time is perhaps a little too much taken up with purely professional training.

Life is what one makes it, and what one makes of it depends to a large extent upon one's capacity to enjoy it. One is best fitted to enjoy life and work when one's interests are not too narrow. The one who enjoys her life and her work and whose capacity for this enjoyment has been increased by a broader understanding of her fellow human beings will get more out of life, put more into the life of those around her and will occupy the dignified position which is due to a member of a noble profession.

(Editorial from The Bulletin of the Hamilton Medical Association, February, 1930.)

The Relationship of the Hospital Laboratory to the Staff

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The chemical, clinical, pathological, and bacteriological laboratories of a hospital are there primarily for the purpose of diagnosis. They are there to assist the clinician to his conclusion or to establish a specific diagnosis on the clinical findings. In such laboratories, where funds and material are available, research along various lines is frequently carried on in an intensive manner. There is then the routine diagnostic work to be carried through and quite as frequently scientific inquiry into the cause and methods of prevention of disease. Accurate diagnosis is of importance not only to the individual or patient, but also to the statistical branch of the government, upon which returns, various statistical estimates of great importance to the community, the insurance companies and the public are compiled I mean the vital statistics, upon which certain deductions are made with respect to disease and cause of death, etc.; and which, if not based on accurate returns are only misleading. Thus a district may acquire, perhaps quite unfairly, an unenviable reputation as to health or prevalence of disease. Richardson, who accompanied Sir John Franklin a hundred years ago, writing of the Edmonton district, as we know it today, stated that goitre was very prevalent among those who drank the waters of the North Saskatchewan River and not nearly so prevalent amongst those who drank melted snow water, a statement which we now know to be inaccurate, but which we could perhaps not have refuted in those days. It follows for this and for many other reasons that the work and influence of the hospital, in relation to the laboratory and the public, depends not only upon the accuracy of the work performed therein, but also to a very great extent upon the accuracy of the records of the work kept and their relation to the clinical side of the hospital, that is, to the actual case. Indeed, it may be said that the reputation of the laboratory and so of the hospital may rest largely upon the ability and loyalty of the clerical staff. Hospital employees require to be unselfish and self-sacrificing, often not adhering to absolutely regular hours, and the same applies to laboratory workers.

For successful laboratory and hospital work there must be something more than a business relationship, there must be a real interest in the work, and hospital authorities would do well to recognise this. Sickness waits for no man, and matters relating to health must be promptly dealt with if reputations are to be attained and maintained and criticism to be avoided. Certain examinations may be required at any time during the day or night. Nobody wants to be bothered with a laboratory where reports are always delayed, where inaccurate returns are made, or where courtesy and ability are lacking.

A laboratory must be accurate in its work and accurate in the information given out in reports, etc. There must be no slacking, even the most common and trivial examinations must be carried out completely and by the best-known methods and there must be absolute accuracy in the reports sent out. To attain this, however, there must be the fullest co-operation with the clinical, nursing, clerical, and other staffs of the hospital. It is necessary and important that certain material sent to the laboratory should reach it at the earliest possible moment, and that it should be accompanied by intelligent and full information as to the nature of the examination required, the reason for the examination together with at least a short summary of the case, and, if necessary, the case report. Here, then, is a relationship between the other members of the hospital staff, including the nursing staff, where the worth of the laboratory and its value to the hospital, the public and the patient rests not only

with the laboratory staff but upon the co-operation of others. Laboratory staffs have for years been quite embarrassed by the receipt of specimens improperly collected and accompanied with inadequate information and in many cases no information at all upon which the laboratory is expected to give an intelligent report. Of course, I say this humbly and not in a spirit of criticism nor with any suggestion that such questionable support is anything else than the result of pressure of work or a want of appreciation of the existing essential relationships necessary for accurate work. No specimen should be left in the laboratory without accurate information as to the name and location of the patient and the other information already mentioned. It should be accompanied by a form, and, if there is nobody in the laboratory to receive it (small hospitals or after hours) it should be entered in a record book in order that it may not be overlooked. It should be properly labelled and be placed in a specified position, again that it may not be overlooked. It is well to keep a record of specimens received separately from other records and check back in this as the report goes out. A laboratory should not be responsible for specimens and returns unless such regulations can be complied with. The first thing to do is to enter the specimen in the receiving book. In the rush of hospital business, where so much of importance is going on, particularly at certain times of the day, it is sometimes difficult to have some of the simpler matters (not seemingly important) carried out with the necessary dispatch. In the laboratory there may be a tendency to put off some of the apparently less important examinations, and in the operating room or in the wards specimens required may be overlooked or sent to the laboratory too late or with insufficient information. If the laboratory staff is, as I have said, employed for the purpose of assisting certain phases of medical diagnosis, they are there and should be there at the request, in reason, of the clinical staff, and such being the case, are, or should be, worthy of the support and assistance of the clinical, nursing and other staffs of the hospital. The primary relation is one of helpful courtesy on the part of the laboratory staff, who should be willing to perform their part of the contract, while the secondary relationship, quite as important as the other, is one of support and consideration for the other staffs of the hospital.

The notice, "Sectio Cadaveris Hodie," clears the wards usually of medical students and of those members of the staff who are especially interested; only a small portion of the other staffs of the hospital are directly concerned in a postmortem examination, even though the general welfare of the hospital is considerably affected by the adherence to this procedure whenever possible.

A ward closed on account of diphtheria or a floor shut off on account of typhoid fever may be the direct results of inadequate, inaccurate or delayed laboratory findings affecting the hospital financially and in public reputation. These may be directly due to inaccurate information, delayed application for laboratory examining or improper or inadequate material for examination.

In the march forward of modern medicine, nevertheless, with its irregular advances and occasional retrogressions, the laboratory has taken a more and more important part, so much so that many warnings have justly been raised. There is a tendency sometimes to rely largely on the laboratory findings instead of the clinical. I mean there is a tendency to rely on the laboratory findings instead of on the clinical findings taken in conjunction with the laboratory findings—the only sound relationship of the laboratory to clinical medicine. It is impossible to make proper distinctions in diagnosis on laboratory findings alone. While laboratory findings may be necessary for accurate diagnosis and for treatment, clinical medicine is still the important factor, the laboratory is adjuvant and can never take the place of good thorough physical examination and the investigation of disease in each case as a problem. Nevertheless, familiarity with the simpler essential

examinations performed in a clinical laboratory should be, I think, acquired by every physician and nurse in training, and the methods of the collection of samples should be well understood before graduation.

There are many circumstances where the inter-relationships between the hospital and the laboratory may be of vital importance to the hospital, of extreme importance to the public, and of great interest to the Department of Health. As for example the laboratory check on the operating room sterilisation; the laboratory control of certain contagious diseases, for instance, diphtheria; and the laboratory control of the diagnosis of constitutional disease. The inadequately trained technician will not do. It is hard to impress the responsibility of work, in a reasonable manner, upon those who do not actually know the underlying reasons or significance of certain tests or laboratory procedures. To obtain accurate and harmonious results, the limits of capability must be accurately estimated and not exceeded. Slipshod methods only lead to trouble, there must be close co-operation with all branches; only a due proportion of the responsibility should be required for all concerned but should be absolutely insisted upon if all is to go well and the hospital is to stand high in the community and in the estimation of government authorities and sister institutions, etc.

It cannot be denied that in large centres the more or less direct relationship of the hospital, to a certain proportion of the profession and to a large proportion of the public, is through its laboratory service and that, therefore, the reputation of a hospital, to some extent at least, rests on that service. I mean here that specimens relating to disease may be examined in the laboratory in great numbers from patients outside the hospital, which means a more or less direct association between the laboratory and a certain portion of the public, who in all other respects may have no association with the hospital. The laboratory thus carries all the responsibility of the hospital and should be equipped and staffed suitably and capably to uphold and maintain the reputation of the institution and of those for whom the work is done. Adequate apparatus is essential, but in small institutions a great deal can be accomplished with simple, not costly, equipment and sufficient space is the principal requirement—not white tiles and expensive apparatus. After all, it is the spirit under which any work is undertaken which leads, in harmony with knowledge, to the most pleasant relationships and to successful accomplishment. I think, in even the smallest hospitals, provision should be made, possibly in the dispensary, for the carrying out of urinalysis and blood examinations, etc. The necessary apparatus need not be expensive; but there should be a good microscope, a few stains, some glassware, slides and chemical reagents. This service should be run on strict lines, and requests and reports should be filed with the case records. But here a warning is necessary—as with other forms of medical work, the person intrusted should be capably trained to carry on the examinations required, and these should be absolutely confined to that person's capability. Mistakes can hardly be defended when so much may depend on the result obtained. A technician may be quite capable of the mechanical part of an examination, but the interpretation is another matter, and provision should be made for this. I am of the opinion that certain work is not suitable for reference to technicians without close direction; the making of autogenous vaccine and certain serological diagnostic methods, to mention a few, but I certainly think quite a number of the simpler tests can be carried out by technicians under moderate supervision.

In conclusion, I do not think under or in any circumstances laboratory workers should be required to carry out certain phases of work rightly belonging to the clinician. I can only endorse, most heartily, the opinion which places the laboratory-trained clinician in a sound position, professionally and scientifically, and enables him to command a wide know-

ledge in the control and investigation of disease. We must stand for the right person in the right place, and this means the properly trained person. With the establishment of such conditions as I have outlined, the hospital staff can have complete confidence in the laboratory and laboratory staff and indeed will find the laboratory a centre of special interest where many a problem will yield to solution, and discussion prove of all-round benefit.

When Working Days Are Over

By MILTON D. GRANT, Winnipeg, Manitoba

There are those in every community who, on reaching an age when they are beginning to slow up and would normally be thinking of retiring, are devoid of any tangible prospects for the future. Their outlook is one of utter economic insecurity. And yet the great majority of these persons, had they realised earlier in life that this would be their lot, could easily enough have made provision for their own maintenance. Our salaries or other incomes derived from profession or business will ultimately cease, but current expenses will still go on. How are these to be met unless the productive period of life is utilised to provide for the unproductive?

The prime need is to realise the importance of commencing young. It is amazing what a proper utilisation of savings, with the *time element* added, will accomplish. Various methods may be chosen, all meritorious in greater or less degree. The savings bank plan is the simplest, although subject to obvious limitations, besides calling for perhaps the maximum of will-power if it is to be rigorously adhered to and if the temptation to "raid" the fund for non-essential purposes is to be resisted. Conversion of savings at periodical intervals into permanent investments of a good type is excellent, but is less easy than it sounds, for there are pitfalls here which only a knowledge of investment principles can avoid. All such plans have their value, granted the necessary knowledge and strength of character in the person practising them. Speculation, however, should be ruled out; its results are too frequently disastrous, or at best too precarious, to allow it any place in a programme where certainty is essential.

There are all sorts of investment trust companies in existence today. Placing one's savings in the best type of such organisations is not criticisable, except upon the ground of leaving too much scope to the individual judgment, besides requiring action or fresh decisions from time to time. What is most to be desired is a definite plan or programme which can be followed without strain and will produce the required results. As to this, anyone who has studied the question must admit that the life insurance investment is ideally fitted to protect the policyholder against inherent disadvantages or personal weaknesses. He knows exactly what is required of him, and that, if he performs his part, such-and-such results will follow. Most people think of life insurance in terms of the old "die to win" concept; few are aware of the very excellent accumulation and investment plans which are now available to the public in this field.

The following example will serve to illustrate a general type of case such as is now being discussed, as well as to indicate the method which may be followed:

Nurse, 25 years of age; earning good income from profession; has no dependents. Feels that she would like to retire by age 55 with an adequate living allowance.

A pension policy is recommended for, say, $100.00 monthly, commencing at age 55 and guaranteed for the remainder of life, with a further uncondition guarantee to pay the income for 120 months (ten years), live or die. The yearly deposit required from

the policyholder to age 55 will be $470.50; or, with interest allowance, $41.55 monthly. The contract will then carry the following benefits:

1. *In Event of Death Prior to Age 55*:
The deceased's beneficiary will receive the guaranteed value stated in the policy, but in no case less than the total payments made.

2 *In Event of Withdrawal*:
Cash surrender values are guaranteed for each year of the contract, finally reaching the figure of $16,950 (mentioned below) when the pension age is attained.

3. *In Event of Total Disability Prior to Age 55*:
(a) Further deposits from the assured will cease, without penalty of any kind; and
(b) The income of $100 monthly will commence and be continued so long as total disability lasts or until the pension age is reached, when the regular income provision will go into force.

4. *In Event of Survival to Age 55*:
(a) The assured may discontinue the contract by accepting a cash sum of $16,950; or
(b) Receive the income of $100 monthly guaranteed for life, with a secondary guarantee of 120 monthly payments certain, whether the assured live or die.

5. *Profit Options*:
(a) Prior to age 55, the net cost will be materially decreased through dividends, which may be used to offset deposits, left on deposit to accumulate at the company's service rate of interest or utilised to increase the monthly income at age 55.

(b) After age 55, further dividends will be allowed on payments during the specially guaranteed period of ten years at the special rate of interest allowed by the company for this purpose.

Policies of this type are available in a variety of forms, according to the needs of the purchaser. The income figure and pension age may be chosen at discretion and sundry collateral features included or excluded as desired. Such contracts are framed with a view to being fair under all circumstances and flexible enough to cover every contingency.

The best advice that can be given is this: Select a definite retirement plan; commence as young as possible; then follow through.

History of Regina General Hospital

By VERA PEARSON, Superintendent of Nurses

Hospital history in Regina dates back to the year 1889, when a small house on the corner of McIntyre and 11th Ave. was opened by Mrs. Truesdall, as a private hospital. Here she nursed and cared for a number of patients for several years.

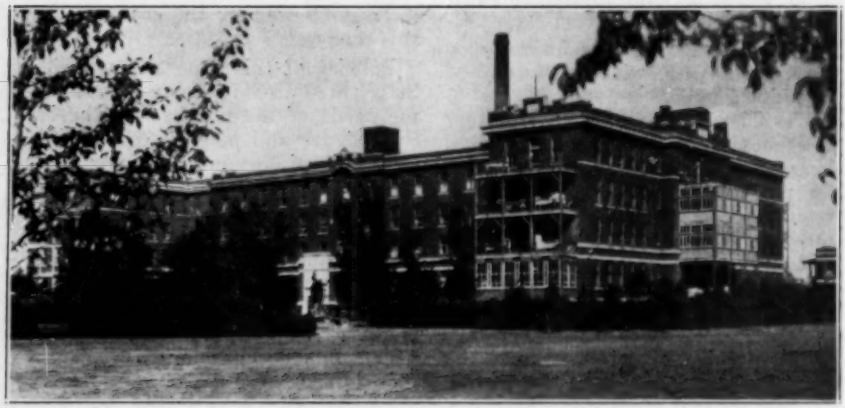
In November, 1895, the Local Council of Women, a branch of the National Council, was organised in Regina. In January, 1896, the Local Council began to raise funds for the building of a hospital. The following year sufficient money had been realised to secure a small available building suitable for this purpose, which was rented and equipped as the Cottage Hospital.

The nurses were supplied by the Victorian Order of Nurses in Canada. The capacity of this building was soon taxed to its utmost, and those interested in hospital work in the city felt that further preparation must be made for the care of the sick.

Accordingly, in 1899, two years after the Local Council of Women had rented and equipped the above building, plans were drawn and the foundation laid for a new one. The funds for its erection were raised by public subscriptions, and $1,500 was contributed by the Victorian Order of Nurses in consideration of the hospital being named the Regina General Hospital. This building, which at the time was an excellent addition to the hospital accommodation of the city, was formally opened by Lady Minto in September, 1901.

About this time the Victorian Order ceased to supply nurses, but probationers were taken in for a course in training. This was the beginning of the Training School for Nurses of the hospital. This institution was maintained by public subscription taken from time to time as deficit occurred.

In November, 1907, the directors of the Victoria Hospital approached the Health and Relief Committee of the City Council, submitting the proposal that the city take over the hospital buildings and grounds and



REGINA GENERAL HOSPITAL, REGINA, SASKATCHEWAN

thereafter administer the institution as a municipal hospital. In due course the necessary details were arranged and the Victoria Hospital was taken over by the city, the name being changed to the Regina General Hospital, and a Board of Governors appointed to direct the affairs of the institution.

The history of the General Hospital has been one of gradual but unretarded development. Originating in a humble way, as outlined above, it will soon rank as one of the largest of its kind in the country. The present year adds a new Nurses' Home to the buildings, and with the rapid strides it is making it should be completed and ready for occupancy the early part of the spring. The Nurses' Home will comprise splendid living and sleeping rooms, accommodation for over two hundred nurses, well equipped class-rooms and laboratories, and through the generosity of one of Regina's interested citizens, an indoor swimming pool.

With the completion of the new home and the taking over of the present one used as a residence for hospital accommodation (for which purpose it was originally built) the Regina General will rank as a four hundred bed hospital, including public wards, private wards, six well equipped operating rooms, a very up-to-date X-ray and Physio-Therapy Department, an Emergency and Accident Department and a Children's Ward. The latter has developed into one of the hospital's largest divisions, through the endeavours and unceasing interest of the Alexandra Club.

Mention must be made of the Ladies' Auxillary, which has proved such a benefit to the institution and seems ready at any moment to help with extra equipment, furnishing of rooms, etc., which is always demanded of such institutions.

This year the hospital is in a position to offer post-graduate work in operating room technique to a limited number of nurses from registered hospitals in the Province who are particularly interested in that branch of the profession.

With the persevering efforts of the Board of Management the Regina General holds its place as the first and largest hospital in the Province of Saskatchewan.

Department of Nursing Education

National Convener of Publication Committee, Nursing Education Section,
Miss CHRISTINA MACLEOD, General Hospital, Brandon, Man.

Diet in Relation to Medical Conditions

Refresher Course for Graduate Nurses, April, 1929 University of Alberta, Edmonton

By MARGARET M. MALONE, University Hospital, Edmonton

What is Food?

Food is any substance which, when taken into the body, will build new tissue, repair old tissue, furnish heat and energy, or stimulate and regulate the chemical reactions of the body.

What is Metabolism?

Metabolism is the building up of the body from food, and the breaking down or burning of it to give energy. It involves assimilation, digestion, absorption, circulation, muscular activity, and the elimination of waste products. Basal metabolism is the amount of energy required to keep the body at equilibrium at absolute rest. Energy and metabolism are measured in calories of heat, and food in grams or ounces.

What is a Therapeutic Diet?

It is a scientific regulation of food; specially prepared to correct or relieve an abnormal condition.

Every special diet must be based on an *Adequate Diet.* An adequate diet consists of:

1. Sufficient calories to cover metabolism. These are derived chiefly from carbohydrates (sugars and starches), and fats (butter, cream and oils).

2. Sufficient protein to replace the tissues worn down in metabolism. This is animal food, such as meat, eggs, fish and milk.

3. Sufficient minerals to keep the composition of the body constant. The three which are most apt to be lacking in our modern diet are:

(*a*) Calcium, necessary for bones, and derived chiefly from milk products;

(*b*) Phosphorus, for nerves and tissues, the best source of which is eggs;

(*c*) Iron, for the blood, the outstanding source of which is liver. The fruits and vegetables are nearly all good sources of mineral supply.

4. Water to keep the fluids of the body at a constant concentration, and to aid in the elimination of waste products.

5. Bulk, or cellulose, to aid in the elimination of waste products. The best sources are fruits, vegetables and whole grains.

6. Vitamines, or accessory food substances which are necessary for the maintenance of health. Milk, eggs, fruits, vegetables, and cod liver oil are their sources.

To insure an adequate diet, each daily menu should contain: 1 serving of fruit; 1 serving of vegetable; 1 egg; 1 pint of milk; supplemented by the other articles we desire to make up the calories.

"A properly balanced diet is the hub around which the wheel of life revolves."

In abnormal conditions the metabolism of any one of these factors may be deranged, and in correcting it we must be careful to have the remainder of the diet adequate. A well-nourished body more easily combats disease than a poorly nourished one.

Constipation is one of the most discussed conditions in medical circles today. It is the faulty elimination of the waste products of the body, resulting in an auto-intoxication. It is a great field for "Diet-Faddists," and the producers of commercially-prepared foods. It is not a condition about which the ordinary person consults his physician, but about 75% of hospital patients complain of it. Its prevalence is partly due to sedentary habits of living, partly to the promiscuous use of cathartics, but prin-

cipally to faulty food habits. The most satisfactory treatment is an adequate diet.

During a recent visit to the Mayo Clinic I marvelled at the results Miss Foley, the Kohler dietitian, obtained with her anti-constipation diet. The following were her instructions to the patient:

1. Drink two glasses of water before breakfast, two between breakfast and dinner, and two between dinner and supper, and one before going to bed.

2. Take one serving of fruit and one vegetable at each meal. Potatoes are not a vegetable.

3. Milk is an essential of every diet. If over-weight use skim milk, if underweight add cream.

4. The daily consumption of bran should be limited to two tablespoons.

5. The meals should be regular and the food well masticated.

6. If there is flatulence or gas, fruits and vegetables should be cooked, starches limited, and all bran excluded.

7. If there is no result an enema may be taken on the third day. Do not use cathartics unless instructed to do so by your physician.

It is astonishing how many people omit fruits, vegetables and milk from the necessities of their diet, and how few people drink sufficient water.

In considering the *anemias* we are concerned with Iron Metabolism. With the decrease of red blood corpuscles, the oxygen-carrying capacity of the blood is lowered, resulting in listlessness, an anemic appearance, and loss of energy. The different anemias have different causes, but the dietetic treatment is much the same: an adequate diet, high in iron. Organic or food iron is the most valuable. Adequate calcium and protein are iron-sparing. Inorganic iron is a stimulant, and also prevents loss of the more valuable organic iron.

Anaemia or loss of appetite is a serious drawback, until improvement sets in. The patient must be catered to and all food served attractively. The value of liver in Pernicious Anemia has been proved conclusively in the last couple of years; recent research has produced "liver extract," which is given as a medication in place of the large quantities of liver necessary for results. As the supply is limited, liver is still used where the extract cannot be obtained and after the patient is discharged from hospital. Even the extract must be accompanied by an adequate high iron diet. Whatever the vital element in liver is, it is not sufficient unto itself.

Foods high in iron are, oatmeal, eggs, oranges, spinach, molasses, raisins and prunes. The following are the rules set down by Minot and Murphy for a diet in Pernicious Anemia, and are valuable for secondary anemias as well. The daily requirements of the special diet are as follows:

1. Liver (calves', beef, chicken) or kidneys (lamb) freshly cooked, at least 120, preferably 200 or more grams (cooked weight). May be substituted or supplemented by liver extract.

2. Fruits, preferably fresh—especially peaches, apricots, pineapple, strawberries, oranges and grapefruit—about 400 grams. Raisins desirable; allow them to be eaten freely.

3. Red muscle meat, trimmed free of fat, freshly cooked; 100 grams or more. Beef heart desirable.

4. Vegetables containing 1 to 10 per cent of carbohydrate, preferably fresh: cooked or raw. Not less than 300 grams. Lettuce, spinach, asparagus, cabbage and tomato are especially desirable.

5. Fats restricted, not over 70 grams. Avoid cheese, bacon, fried food. Allow but little cream and butter, and not over one egg.

6. Avoid grossly sweet foods, yet allow sugar sparingly.

7. Starchy foods, as cereals, potato, breads, add to suit individual desires, but not to exclusion of the requirements given above. The starchy foods are best crusty or dextrinated. Whole wheat toast is desirable.

8. Milk should be limited to about 240 grams.

9. Avoid excess of salt. Tea and coffee as desired.

One of the most common questions put to a dietitian by the public at large is "Oh! my mother has heart trouble; what should she eat?" Heart conditions are not directly connected with metabolism except when the kidneys are involved, but the following general rules are valuable in most cases:

1. Digestive disturbances must be carefully avoided. Small frequent meals of well-cooked, easily-digested foods, avoid crowding the heart. Where there is night distress the patient should be fed every three or four hours.

2. The caloric requirement should be well covered, to insure proper nourishment the protein should be at low normal, from 40 to 60 grams.

3. Foods which cause gas, as leafy vegetables, fried foods and pastry, and excess starches, should be carefully avoided.

4. Sugars are being forced in severe cases, because they give quick energy, with the least drain on the digestive system.

5. Salt should be restricted to a minimum where there is oedema. All foods should be cooked without salt, and no canned fish, meat or vegetables used.

Osler sums up *tuberculosis* as follows: "As a healing of a tuberculous process is largely dependent on the state of nutrition, the question of diet becomes of very first importance."

The aim of the diet in tuberculosis is to build the patient up to the highest possible degree of resistance. This is usually about ten pounds above their normal weight. The weight is an index of the condition.

Here again the importance of the adequate diet becomes evident. The chief factor affected is the total metabolism. For each degree rise in temperature there is a 10% increase in the caloric requirement. Sufficient protein, from 60-90 grams daily, is necessary to prevent the waste of tissues. The patient's appetite should be catered to, but it is not a reliable guide to the amount of food required.

Meals should be regular and attractive. Food may be taken from three to six times daily. Congenial surroundings and table companions often have a marked effect on intractable patients. All foods must be concentrated and simple, to attain sufficient calories without too much bulk. The most valuable are milk, eggs, beef, chicken, fish, cream, butter, bacon, cereals, stale breads, and the lighter fruits and vegetables. Digestive disturbances are sometimes caused by a drug, which should be discontinued if possible.

High caloric nourishments, taken between the regular meals, will often add sufficient calories to cover the increase of metabolism during fever.

In prescribing diets for the poor, care must be taken to select food available to the patient. The additional carbohydrate, protein, and fat necessary, can usually be added in a quart of milk, meat, peas, beans and butter. A little instruction in the use of the cheaper cuts of meat is sometimes valuable. Twice-cooked meats should be not used.

In feeding advanced cases, the patient's desires should be catered to in as far as is possible. Forced feedings are not desirable.

The importance of a proper diet in *Typhoid Fever* has been dwelt upon since the time of Hippocrates, who in 400 B.C. prescribed a fluid diet, barley water and acidulated drinks. Graves increased the fuel value to 300 calories with jellies and sugar. In 1870 Flint began the milk diet with 1400 calories, and in 1890 it was increased to 2000. In 1909 Coleman and Schaffer began their agitation for a high calorie diet, and in 1912 Coleman, in the American Journal of Medical Sciences, published conclusive evidence for its use in 111 cases. It is interesting to note that although each advance benefited the patient, it was strongly opposed on all sides.

In comparing the high calorie and low calorie diets Coleman, Schaffler and Dubois published the following results:

1. There is no difference in the duration, but long convalescence is uncommon after a high calorie diet.

The former emaciated wreck comes through a well-nourished patient.

2. The mental condition is immensely improved on a high calorie diet, because the patient is not depressed by hunger.

3. Nausea and vomiting in high calorie 20%, in low calorie 23%.

4. Tympanites or gas in high calorie 67%, low calorie 31%.

5. Diarrhoea in high calorie 16%, low calorie 38%.

6. Long delirium in high calorie 70%, in low calorie 38%.

7. Perforation in high calorie 1%, low calorie 4%.

8. Mortality in high calorie 8%, low calorie 17%.

9. Relapses in high calorie 18%, low calorie 14.9%.

10. Range of temperature not affected.

The principle of the diet is to furnish sufficient calories and protein to keep the body well-nourished through the long-drawn-out fever, without causing other disturbances. The caloric requirement is 3000 to 5000 calories, the protein requirement from 70 to 100 grams, a little above normal.

As soon as they can be tolerated the patient should be put on two-hour high calorie fluids, with a total value of about 2000 calories. Milk, cream, eggs, fruit juice, gruels and lactose are particularly valuable here. If the lactose causes gas or nausea, it should be reduced, and the amount slowly increased until the tolerance is reached. At the end of the second or third week, concentrated soft foods, dry toast, crackers, cream soups and cereals may be added, and the feeding reduced to six a day. At the end of another week, a well-baked potato, minced chicken, bacon, and light desserts are gradually worked in. Large quantities of fat can be tolerated in the later weeks, butter can be put in the potato and soup to increase the calories. At the end of the fourth week 4000 to 5000 calories a day should be taken. Care should be taken to keep the protein within the requirement to avoid over-taxing the kidneys and to prevent intestinal putrefaction. Meat should be avoided.

In severe hemorrhage all feeding should be stopped for 6 to 12 hours, and then liquid proteins such as peptonised milk renewed. In slight hemorrhage fluids need not be stopped. All feeding should be discontinued at the first sign of perforation.

Typhoid patients are the most satisfactory to diet that I have yet come across, because you please the patient by serving him attractive foods, and because the results are so gratifying.

I have tried to outline for you the dietetic principles in some of the medical conditions less frequently discussed than diabetes or nephritis, the "old stand-bys". I hope the resumé has not been too sketchy for you to have grasped a few helpful facts.

—By courtesy, C.P.R.

CHATEAU LAKE LOUISE

Annual Refresher Course and Maternity Institute

By MARGARET E. KERR, B.A.Sc., A.M., Department of Nursing, University of British Columbia

The annual Refresher Course for Public Health Nurses was held in the Lecture Room of the Vancouver General Hospital, March 13th, 14th and 15th, 1930. Registration this year exceeded all previous records, there being 127 persons enrolled.

The special feature of the Refresher Course was an institute dealing with various phases of maternal welfare work conducted by Miss Anita M. Jones, B.S., Assistant Director of the Maternity Centre Association.

Miss Jones opened the Institute with a discussion of maternity care in general. She outlined the aims of the service as including:

1. The minimum of physical and mental discomfort to the mother.

2. The maximum of physical and mental well-being to the mother.

3. The reward of a healthy baby.

The preparation of the average nurse does not fit her to render the kind of service that will achieve her aims. In the average hospital, the nurse's first acquaintance with the patient is at the very end of the pregnancy. The nurse must secure further knowledge of the care necessary during the prenatal period; of the psychology of the mothers they are to care for; of the necessity for early medical supervision. The added skills accompanied by an intimate knowledge of her community will increase the nurse's usefulness an hundredfold.

The maternal mortality rate cannot be taken as the only indication of the success of a maternity programme. It is one factor, but many other things—the increased health of the family as a whole, the confidence of the community in the nurse—these and many other things help the nurse to measure the results of her work and to evaluate her programme.

Miss Jones stressed the importance of the nurse discovering new cases herself instead of waiting for them to be referred to her. This is a difficult part of the programme. It requires tact, skill, endless patience, sympathy and understanding. These are familiar attributes which all nurses are expected to have, but which are possessed in varying degrees even by the best.

The second day of the Institute was devoted to the problem of group discussions—mothers' clubs, etc. The plan for conducting these classes was outlined, showing demonstration material and equipment.

Since the mother is the child's first teacher and since the habits that will govern the whole life of the individual are started in the first year, the importance of child guidance and the formation of desirable habits must be stressed by the nurse in her instructions to the mother. These things can best be taught before the infant arrives. It is less difficult to prevent an undesirable habit forming than it is to break it once it has become firmly established.

The challenge, which Miss Jones left with each nurse, will be a spur which will, it is hoped, show results in increased endeavour, increased enthusiasm and a gradual lowering of the maternal mortality rate.

Miss Margaret Duffield, Supervisor of the Vancouver District Victorian Order of Nurses, presented a paper outlining the function of the V.O.N. in combatting the incidence of puerperal septicemia. When it is realised that in Canada, approximately 30% of the maternal deaths can be attributed to that cause, an idea of the seriousness of the problem can be obtained.

Dr. J. W. McIntosh delivered a very able address on Health Insurance. He outlined the history of the movement, the distribution of the cost, the benefits that would accrue to the employer, the employee, the physician, and the nurse.

Dr. Chisholm, Provincial Epidemiologist, presented a study of the place of the Public Health Nurse in Epidemiology. He traced her value in preventing typhoid, smallpox, diphtheria, etc.; campaigns to get all the children protected against diphtheria and smallpox by inoculation and vaccination are the responsibility of the nurse working with the local health officer.

At the round table discussion on Saturday morning, Miss Winifred Green, who trained as a Plunkett Nurse in New Zealand, presented a review of the work of the Plunkett Nurses. Miss A. M. Roberts, who lately arrived from England to inaugurate a nursing service in the Peace River, outlined the position of nurses under the Central Midwives' Board.

Considerable interest was displayed in the matter of superannuation. It was pointed out that the provincial public health nurses all receive some part of their salary from the Department. It was, therefore, hoped that arrangements could be made whereby all would be eligible for the privileges of superannuation.

Transportation problems were discussed under the headings of the nurse-owned and the association-owned car. The majority of those present seemed to feel the latter provision was more satisfactory. A resolution to the effect that in districts where the local nursing organisation did not provide a car and where the nurse purchased her own car, it should be conceded that she was able to render greater and better service by reason of the saving of travel time, and the enlarging of the area to be covered. Under these circumstances, the local board should take into account the character of roads to be travelled in determining the allowance to be made toward maintenance. In addition, it was felt, a reasonable allowance should be made to cover a share of the depreciation and the cost of insurance.

Department of Private Duty Nursing

National Convener of Publication Committee, Private Duty Section,
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X-Ray Therapy

By Dr. A. STANLEY KIRKLAND, Radiologist, General Public Hospital, Saint John

The x-rays were at first esteemed as an aid in the medical diagnosis—and not too highly esteemed at that—for there are men, yet living, who placed themselves on record that x-rays would only provide a new toy for the research diagnostician, that man's senses of touch, sight and hearing would still be superior to any such mechanical aids. However, the day of such scepticisms has passed and today you have asked me to bring to you something about a phase in roentgenology not entirely new but still in its beginning: that is, the use of x-rays in the treatment of disease.

The roentgen rays were named x-rays by the discoverer for lack of a better name, and so named as you all may know because X is taken to be the unknown quantity in mathematics. There is still much that is unknown about both the physics and uses of this force in medicine but such strides have been made by the manufacturers of apparatus that the country today is filled with machines which are practically fool-proof: indeed, one great company has a machine now on the market which is actually shock proof. So it becomes possible for anyone with a modicum of intelligence to manipulate such an apparatus as to produce fair or even excellent radiographs. From this position it is common practice to go a step farther and for the purchaser of an x-ray machine to attempt therapeutic work. These things are possible but most decidedly they are not advisable. It is not only unwise but, as the courts have decided, illegal for lay persons without medical supervision to attempt to arrive at a diagnosis by the use of roentgenographs let alone to provide treatment for the afflicted. The roentgen ray is a most potent force and in unskilled hands a very dangerous one. Most appalling disasters have been reported in cases where a patient has been subjected to wrongly guessed doses of roentgen rays. I stress this point because in the profession of medicine it is one of our greatest difficulties to get the professional viewpoint before the public on such matters, and I believe that the nurse is privileged to advise her patients and acquaintances on such matters at times and under circumstances when a physician's voice would not be heard and where a woman's opinion should and would carry most weight.

Peculiarly enough, roentgen therapy has perhaps done more for women than for men. If we group the work of any clinic we will find that roentgen treatment of the skin, breast and female pelvis will include the largest number of our cases.

The lesions of the skin successfully treated by x-ray are many, and first we may name the various moles, keratoses, warts and small ulcers which are so often the beginning of basal celled epitheliomas or skin cancers. We believe that it is a safe rule to follow that any mole, wart or skin thickening which shows signs of spreading or change of shape or colour should be referred to the

(A paper given before the New Brunswick Association of Registered Nurses, Annual Meeting, 1929.)

roentgen laboratory for treatment. Also, any superficial ulcer or abrasion, especially about the face, head or neck, which does not heal in a reasonable period of time should also be treated. This is more urgently necessary when the patient is past the age of forty because it is an established fact that few if any such conditions heal by themselves and that the greater numbers finally become malignant, and if any of you have had the misfortune to nurse a case of rodent ulcer in its last stages, it will be unnecessary to stress this point further. These extreme cases are becoming increasingly rarer but even in the early, minute skin manifestations, by early treatment the patient is relieved of the discomfort of the nagging, unpleasant, ill-appearing blemish and at the same time the danger of on-coming malignancy is banished. Roentgen treatment of such cases is painless, quick, sure and permanent and its use leaves a good cosmetic result. True, most of these cases are found in people of maturer years; however, I have yet to find a woman old enough to willingly dispense with comeliness, thus we have the roentgen ray as an aid to beauty. In persons of more tender years acne is a condition which disfigures many an otherwise beautiful skin. The ordinary acne of adolesence is amenable to ordinary treatment in the hands of the family physician and skin specialist and should be treated actively because a parent who neglects this disease in their child is extremely culpable. Just lately, I have treated several children whose outlook on life had been seriously biased on account of their appearance forbidding them mixing with others on equal grounds. An inferiority complex is easily established in youth and is difficult to eradicate. Only the recalcitrant case of acne should be x-rayed and it is astonishing what good results can be obtained. Repeated exposures at short intervals are necessary and should be associated with careful attention to local cleanliness. Within the last two years, several cases of acne of the chest and back in adult women have, in our clinic, responded in a spectacular manner.

Among the skin lesions we must not omit pruritus vulvae and pruritus ani. The persistent itching in these regions which almost forbids the victim entering polite society and entirely prevents sleep is something which has defied all attempts at cure since the history of medicine has been written. As a house physician, my first chief, Dr. Hutchison, told me, "young man I can give you an even dozen cures for pruritus ani. I have tried them all and they are no good." Later he was to find relief by the application of x-rays. We do not know the cause of this condition but we do know that x-ray is a specific cure. It must be remembered, however, that any local cause such as haemorrhoids, anal fissure, perineal tears or leucorrhoea should first be removed. In the pruritus of diabetes, needless to say, x-ray does no good. A proper attention to the diet is the only remedy. Many other skin eruptions such as psoriasis, lichen planus, ring worm, barber's itch, etc., come naturally to the x-ray consultant. In this paper, I am stressing the more important or less known conditions only. Both to save our time and as a means of emphasis.

As far as possible we will confine our discussion to features that interest you as women. Under this heading, carcinoma of the breast is certainly of the utmost moment. The surgery of the breast is a monument to the persistence, skill, ingenuity, thought and dexterity of generations of surgeons who have striven to save the lives of the mothers and sisters of us all when carcinoma attacked the fountain of life, the female breast. The breast is exposed from earliest years to injury but it is in the child-bearing period when it is exposed to its chiefest danger. It is then when infection through fissured nipple is most apt to occur and on

the other hand it is then, during the gland's greatest activity, that some forgotten cell at rest in the breast may be activated into new growth. We are not sure of the beginning of breast tumors but we are agreed that once a tumor of the breast is found there is only one thing to do—that is to remove the lump. On its examination depends the future procedures. If the lump is found to be malignant it is recommended by all that a careful dissection of the whole breast area and axilla be carried out at once. Until recently our efforts ceased here but now it is the practice to refer the woman, whose breast has been amputated, for deep roentgen therapy. The whole chest is exposed to a cross fire of x-ray back and front, also to include the shoulder, axilla and neck on the side affected. This treatment is carried out once a month for six months, then at the end of the tenth month and again at the end of one year. The roentgen therapy of the breast area after amputation kills or inhibits the growth of any malignant cells which may have escaped the surgeon's skill. It blocks the channels of the lymphatics which ordinarily carry metastases, and scars and so seals the gland areas in the neighbourhood which were so often the seat of recurrences.

These repeated visits for x-ray treatment serve another feature in that they provide for repeated inspections of the site of operation at stated intervals and allow early detection of any small seed-like recurrence in the line of incision; these small areas may then be removed surgically or treated with massive doses of radium. We have used both methods with excellent results.

Now what benefit is derived from this x-ray treatment of the breast post-operatively?

The worst that has been said of it is that it had increased the number of cures ten per cent. Is not that sufficient? Yet most surgeons are much more enthusiastic than that. In the light of our present knowledge every case of carcinoma of the breast should be advised to arrange for the prescribed x-ray therapy following operation.

Here the x-ray laboratory increases the ordinary expectation of life of women with carcinoma of the breast.

Some one is sure to ask why I have not included carcinoma of the uterus. I have not done so, for the reason that radium has proved itself the master of carcinoma in the cervix and x-ray takes the place of an assistant in treating cases of wide spread cancer in the female pelvis. Radium being the agent of choice.

I am sure that you will join with me in my enthusiasm when I describe the successes that are daily being added to our statistics in the treatment of haemorrhage from the uterus by roentgen rays. Menorrhagia and metrorrhagia have long been stumbling blocks in the list of diseases peculiar to women. Excessive bleeding at the menstrual periods and prolonged bleeding, as is at once evident, provide a very just cause for alarm. The actual loss of blood is the chief danger bringing in its train anaemia, loss of strength, loss of earning power, loss of fertility, invalidism and not infrequently death. Many drugs have been tried in an effort to correct this condition. Many operations have been devised, some simple, some mutilating and dangerous, and short of a complete hysterectomy, none satisfactory. The complete removal of the uterus, tubes and ovaries is always a major surgical risk. In patients already exsanguinated it is frequently impossible of performance and even when successfully accomplished it has sometimes distressing aftermaths which include complete sterilising, an artificial climacteric, loss of sexual function and oft times neurasthenia of a more or less degree. Menorrhagia, this deluge of tears of blood from an unhappy uterus, is not a condition of any one decade of life.

It occurs in the young adolescent girl whose menstrual cycle is barely established: at a time when her major forces should be preserved to allow of satisfactory growth. It strikes down the mature woman in the child-bearing age, preventing her from completing her reproduction, causing her to suffer unnecessary invalidism with consequent upset in the family arrangements, and again it appears after the time of normal menopause, at a time when a woman should ordinarily look for a surcease from menstrual restraints.

When such a patient presents herself to her physician for relief, the first thing to determine is whether she has any gross physical abnormality present in her pelvis. Tumors, pus tubes, ovarian cysts of any appreciable size, cervical tears into the fornix, perineal tears with rectocele or cystocele are the chief things to look for. If any of these be found, the size of tumor or degree of injury must be evaluated. If a major degree, the removal of this cause will likely clear up the bleeding. A fibroid smaller than an orange may be disregarded as a contraindication for our purposes.

In the case where there is no gross abnormality, no evident cause for the bleeding or in the woman where such cause is found and where the bleeding has been so profuse or so prolonged that operation for relief of her injury is considered unwise, x-ray therapy is the safe, sane and sure method of cure. In the young girl not yet fully initiated into life it is essential that while we are attempting to stem the excess flow of blood, we do not interfere with her normal menstrual cycle. In the woman who has borne children and is still young it is desirable that we interfere as little as possible with her established menstrual routine, while in the case of the woman at the usual climacteric age, we may proceed ruthlessly to make her amenorratic. With the first group, and to a lesser extent with the second, caution must be exercised to a degree not necessary with the third group.

It has been established, and the results in our clinic bear out other workers' results, that by careful dosage and close observation of reactions the period of bleeding may be surely reduced without any damage or the menses being permanently interrupted, and that even after a temporary complete cessation of the menstrual flow that an entirely regular reappearance may be guaranteed and that successful pregnancies may be possible.

In cases where it is deemed advisable to permanently arrest all flow, there is, as is to be expected, the usual signs of change of life, vasomotor disturbances, commonly called hot flashes, excitability, nervousness. Depression brought on by the exhibition of x-ray is commonly of shorter duration and less distressing than a protracted normal change of life. The treatment itself is painless, cheap and satisfactory. It comprises usually three pairs of treatments, spread over three months. It is advisable that the patient lead a very quiet life, a large part of the time at rest with a minimum of excitement and exercise. Otherwise, no extraordinary measures are necessary.

I have not attempted to cover all the field of x-ray therapy. I have confined myself, chiefly, to conditions found only in women and even in that limited field, I have touched only salient points. I will not apologise for my enthusiasm. The results are too happy to allow that. I believe that each year will increase the scope of x-ray therapy and that a class of nurses graduating five years from now will consider that we knew very little about x-ray in 1929.

Department of Public Health Nursing

National Convener of Publication Committee, Public Health Section,
Miss MARY MILLMAN, Department of Health, Toronto, Ont.

Student Field Work—Graduate and Undergraduate

At a Round Table Conference of the Public Health Section, District 5 of the Registered Nurses Association of Ontario, held in the Academy of Medicine, Toronto, on November 30th, 1929, the subject presented for discussion was Student Field Work—Graduate and Undergraduate.

This subject was presented from the standpoint of (1) The Hospital Training School for Nurses, (2) The University Department of Public Health Nursing, (3) The Organisation Administering the Field Work. This last was further discussed by (a) A Staff Nurse, and (b) A Student Nurse. The papers as presented are herewith published:

The Hospital Training School for Nurses

By HARRIET T. MEIKLEJOHN, Superintendent of Nurses, Women's College Hospital, Toronto

The subject given me on which to start discussion, namely, the value of field work to the undergraduate student, seems to me at this date, to offer very little field for discussion. This branch of training has been so thoroughly exploited for the past twenty-five years, and with such universal approval on the part of both teachers and students, and with such satisfactory results to the public, that it seems to leave a rather poor field for discussion.

There surely, today, can be no adverse opinion as to the value of this training to the undergraduate. The study of disease inside the four walls of a hospital, or even as obtained through the liberal diet offered by a public dispensary, cannot offer to the student the crude material as she sees it in the home. To meet in the wards, patients suffering from the various forms of disease as they come in, mostly at the critical stage, to nurse them through and discharge them as convalescents, is only presenting to the nurse a small portion, though it be the most critical portion of the patient's disability, and still leaves the picture of the case quite unfinished. The social side of the home, the poverty, and all other causes contributing to disease as seen in the hospital, are realised only to a very meagre extent, unless the nurse can have some picture of home conditions. Also in discharging a patient to their own home after perhaps a long and serious time in hospital, the student little realises the enormous strain still to be exacted from the physique of that patient, unless she has some idea of the social environment to which the patient is going. So that in getting even her one or two months experience in field work, her vision must be enormously broadened, her imagination stirred, and her insight into the meaning of disease, its causes and results, its ravishing effect upon home life, given a greatly broadened viewpoint. Her sympathies with humanity in general should be broadened, and we hope rationalised.

In the training of the undergraduate student in this service, it is, however, absolutely essential that the hospital in question is wise in its

selection of graduate nurse supervision. The greater part of the value of the experience of this service is lost unless the student receives expert teaching and careful supervision, and the risk of accident and unforeseen occurrences to the hospital undertaking this work without supervision, is too serious to permit of the work being undertaken except the hospital is in a position to provide, or to secure this type of supervision.

I have always found that undergraduate students seem to develop in self-reliance after this term. It is also a valuable physical change from the daily routine of ward work in the life of a student. I may add, that I have never known of a student who did not appreciate and feel grateful for this service. In my personal experience in training, though now many years behind me, the impressions left upon my mind by the term of district service, have ever remained fresh, stimulating and enlightening. I only hope the day may come when possibly the student nurse may have even a wider experience in this field than she has at the present time.

The University Department of Public Health Nursing

By FLORENCE H. M. EMORY, Assistant Director, Department of Public Health Nursing, University of Toronto

An Explanation in Terms of Purpose and Content

1. UNDERGRADUATE OR PUPIL NURSE:

A. *Purpose*: (1) To supplement teaching already given in the training school for nurses in preparation for bed-side care. (2) To create an awareness of responsibility for health of patients. (3) To inform pupil regarding community health resources to which patients may be referred.

B. *Content*: Since 1924 the senior pupils of the training schools in Toronto have received one month of experience in public health nursing.

1. Enrolment—in the Department of University Extension.

2. Lectures—Twelve hours in the Department of Public Health Nursing, University of Toronto. An explanation of field of preventive medicine and the nurse's relation to that work; that is, a consideration of various phases of public health nursing.

3. Practical Work—Municipal Department of Health or the Victorian Order of Nurses.

2. GRADUATE OR DIPLOMA STUDENT:

A. *Purpose*: To afford practical application of principles studied during two theoretical terms. In the preparation for public health nursing, as in other educational endeavour, theory and practice are inherently interdependent. "The terms theoretical and practical must be regarded as correlatives, neither being quite intelligible save in relation to the other."—The Evolution of Educational Theory—Adams.

B. *Content*: For those without previous experience in public health nursing a period of three months is required—the month of September in preliminary field work and two months in the spring following the two theoretical terms. The student is given her choice of any two of three types of work and during the two months divides her time between them, i.e.: the local Department of Health; the Provincial Department of Health; the Victorian Order of Nurses.

From the standpoint of the University Department at least four principles govern the content of desirable practice work for the graduate or diploma student.

1. *Independent Experience*: Following an observation period, the student should participate in independent experience.

2. *Variety of Experience*: In a generalised system: school health work, child health centre, home visits (three or more of each type).

3. *Repetition of Experience*: Particularly watchful of home visits. The student should return to a few selected homes several times.

4. *Supervised Experience*: Experience in school, home, and clinic supervised by supervisor or staff nurse—a minimum of six home visits should be supervised.

Factors conditioning the operation of those principles:

1. A conference of representatives of agencies offering field work prior to the commencement of the period.

2. Close contact of a member of the University staff with supervisors responsible for field work.

3. The spontaneity, elasticity and devotion evidenced by those contributing to public health nursing education through participation in student field work.

The Organisation Administering the Field Work

By EDITH CAMPBELL, Superintendent, Victorian Order of Nurses, Toronto

With this student group there are several advantages. A certain amount of prestige in being connected, even in a small way, with the educational programme of a university, bringing the supervisors in touch with many points in Nursing Education in Public Health. Also in this large group, formerly fifty and in later years about thirty, of graduate nurses keenly interested in applying and putting the knowledge gained in their year in public health at the university to practical use in the homes of our patients.

This interest reflects on the whole staff and stimulates them to try and give of their best, and has undoubtedly raised the standard of our service.

It is the best publicity for the Order and most effective, as this is one source from which our staff is obtained.

The courses of three months in public health started in 1908 by the Victorian Order of Nurses for Canada were discontinued in 1921, and the Order was requested to give field work for the five universities: Dalhousie, McGill, Toronto, Western Ontario, and British Columbia. In the first two years the Order gave thirty scholarships throughout Canada and about twelve to fifteen annually since. These nurses are obliged to remain with the Order one year.

There is responsibility in introducing the student into the homes of the underprivileged and also in interesting her in the spirit and service of the Order, helping her in a sympathetic understanding of the work. One of the first essentials in public health is good contact, which may be marred by a tactless entrance into the home, making future difficulties hard to surmount. There are expenses entailed, such as the full time of a supervisor and extra time given by the staff and other supervisors, and also transportation (car fare) and bag equipment, but when measured with the service given by these graduate nurses in the cases they carry alone, amounts to fifty-fifty in my opinion.

The supervisor who devotes her whole time to the student group guides the work according to the schedule given by the university. Written instructions are sent to each staff nurse, who is to receive a student in her district, as to the procedure in carrying out the observation, supervision, and alone visits, also instructive and co-operative visits, attending deliveries and minor operations required by the universities. The classes rarely exceed ten, as we consider that the limit for a staff of our size (forty-six including supervisors). She also has a conference with the staff group and if

thought advisable a refresher demonstration in some points of routine. This is the time to point out any difficulties that might arise, such as the attitude of the staff nurse in her approach to the patient when introducing the second nurse in the home. So much depends on this in giving the student a happy welcome or merely reluctant tolerance, which at once kills all interest and the possibility of giving the student a chance to teach. The staff nurse in introducing must not use the word "student." Our more intelligent patients, with very few exceptions, always understand and welcome them, and it is only our most ignorant who refuse, with a good deal of unnecessary vocabulary to have "this here student learning on her."

The doctors, on the other hand, have surprised us by their interest and kindness and very often go out of their way to take time to explain different points of interest. Some in fact have asked for one to accompany our nurse on some minor operation, such as "T and A," when they have had a student and nurse before. This attitude of the doctors also reflects on the staff and is twofold in its value.

I would say that this student work is of great value to any nursing organisation.

The Staff Nurse

By BEATRICE E. HARRIS, Public Health Nurse, Oshawa, Ont.

The recently announced curriculum gives plenty of evidence of an effort to adjust and broaden the training so that all nurses might be better prepared, as hospital, private duty or public health nurses, to become active health teachers and preventive agents. A very different attitude has been taken toward affiliations with public health nursing organisations, and the contributions that these organisations may make to their basic training. Very little is known at the present about student nurse affiliations, its possibilities and practices and a general vagueness surrounds the training.

Speaking from a staff nurse's angle of ten years of practical work and personal observation in a given district, where all branches of public health and school nursing work are the integral parts of a well rounded out health programme, a student nurse, be she pupil or student graduate, may obtain in two to three months' time a very definite insight into the field work which lies outside of the hospital. Such insight, and an appreciation of general community health service, is materially assisted in those institutions having an outdoor service related to the hospital services.

The staff nurse with whom the student is working is definitely responsible for her progress and education. There is also much to consider from the point of the student nurse's preliminary academic, as well as her fundamental professional education, both of which will prove valuable assets in the field of public health, depending on the e x t e n t and thoroughness of the same.

The student nurse comes into the field of public health for several reasons; the principal purposes of this experience should be: To obtain an enlarged viewpoint of social conditions in a community and to apply hospital nursing methods and teaching to home conditions as well as to realise the importance of conditions of environment in affecting the manifestations of disease. Students are given an opportunity to test their aptitude for general health work and to obtain a clearer idea of the extensiveness of that work. Thus they may make a more intelligent vocational choice before graduation. Opportunity is given students to

demonstrate the value of teaching methods, with reference to supervision and care of patients and families and to assist in working out problems among them.

For the above reasons, and many more, students should come to the public health organisation during their third year of training, after having had practice and theory in medical, surgical, obstetrical, pediatric services and in communicable diseases. This previous training enables the staff nurse to intelligently discuss problems with the student nurse and to go into all types of work, relative to a rounded out health programme of pre-natal, infant welfare, pre-school age, school age, tuberculosis, infectious diseases, bedside care, social welfare and clinic services.

It has been our practice to initiate student nurses gradually into all phases of public health: first, by observation, then by supervision and eventually to assign to them several cases involving all branches of health work being done in a district or districts, thus giving them a feeling of reliance on their own initiative in all problems, and such, in our opinion, is the most important value in training in public health field work. These cases and problems are always discussed with the staff nurse, in whose district the student nurse has worked, each day upon return to office, where her records are kept in the same way as those of the regular nursing staff.

Perhaps the most vital and (from the point of view of a student nurse) most crucial consideration in the transition of a nurse in training from the hospital wards of her training school to direct contact with field work is the time required for self-orientation to the determinative responsibility of that work. She is at once removed from the daily routine of disciplined ward and nursing services and like a student passing from the leading strings of high school studies who has advanced to collegiate work, is projected into a new field of operations where initiative and self-reliance must, more or less, take control and where the comfort and happiness in carrying out the duties will test very surely the quality and thoroughness of the education and drilling in the training school and test the character of the inductive methods used in that teaching to bring out the personal character of the nurse herself.

It has been our object to make the new student feel that she is already a part of the organisation by immediately providing her with a desk or table and "record" equipment similar to the routine equipment to which each staff nurse is accustomed. This is considered most important from the very moment a student nurse joins us. She at once feels that we are interested in her and the training she is about to receive. The results reward us usually with her intense interest in this interesting programme and an appreciation of its true value. The importance of records being kept by each student insures the pupil having had the necessary experience and gives to us a clear conception of her progress in her field work and an ability finally to be able to report to the hospital training school the amount of experience and progress made. It is a test-out time for the student nurse and, very fortunately for her, the variety of different interests associated with that field work will attract earnest appreciation to the work and study and bring out the latent possibilities of the nurse.

The home follow-up and the varied individual peculiarities of the persons living in those homes, when studied in relationship to environment, under-privileged social handicaps, poverty and all the rest of things brought out in social welfare contact, serves also to mellow the acquired facts of the earlier education in nursing, to allow for give and take of living and to see the necessity of stressing some things at once and letting other things rest for the time,

though perhaps to be brought into consideration later at a more favourable time. Thus the nurse gains her point through smoothness of approach, carefulness of attack, the winning out by persistent effort and the development of all those things spoken of as "tact." which puts the hall-mark of education, training and human sympathy on the successful trained nurse and public health worker.

The Student Nurse

By WINNIFRED WALKER

It is my privilege to present this paper on "Field Work" from the viewpoint of a student. Being very reticent about discussing it with reference to my own personal experience, I consulted one of my public health teachers and with her assurance that this is what is expected I shall endeavour to tell something of the value that field work, both graduate and undergraduate, has been to me and may be to any public health student.

As an undergraluate nurse I did not have the experience with the Hospital Social Service Department early in my training that so fortunately is a part of the present curriculum. I had little or no knowledge of the activities of the various medical and social agencies and consequently could not give them much thought.

When Mrs. Jones lay awake at night, worrying over some trouble, real or imaginary, and thus retarded her recovery, I did not associate the Hospital Social Service Department as part of the hospital that could and would investigate and if possible remove the cause of Mrs. Jones' mental distress.

When Mrs. Brown, in the Obstetrical Department, told me that her neighbour, a Ukranian woman, was five months advanced in her first pregnancy, I told her to bring her to clinic, for examination and advice, and then forgot about her, being more concerned for the moment with the corners of the bedspread!

Again and again, I can recollect such instances but do not recall the thought ever occurring to me that by reporting these cases to the Hospital Social Service Department the district nurse would be notified and visit these women.

At this time undergraduate students spent two months in the district and, with the exception of three days in the Social Service Department. Hospital for Sick Children. I was in the university district. This district was rather a revelation to me, for while the hospital was situated in a poor district, we were in the district but not of it.

The first few days were spent almost exclusively in school, as it was the commencement of the fall term. One wondered at the end, if the day of school work among nurses consisted of one mad rush after unfortunates with skin conditions and pediculosis. I had been instructed to read Miss Gardiner's account of Pioneer School Nursing Service in New York City, and the thought came to me that the nurse's work must have spoken for itself, for they had certainly left the box in the school yard for permanent quarters in the school building.

I was also to discover that the nurse had in the school a very special opportunity to teach health, and by her teaching stimulate in the children the desire that mother and father should know also. On being sent to a home to teach the mother the method of preparing "butter soup" I found that no teaching regarding the care of the bottles was necessary

for the school nurse had taught little Mary that in the mothercraft classes and little Mary in turn had taught her mother.

Another afternoon when making a school call I found a deserted mother ill in bed and two hungry children. The mother was unable to speak English but the children informed me that the father had left last week and now they had no money and no food. On telephoning the District Office I was told that the Neighbourhood Workers would investigate at once. Before evening the district medical officer had called, the Neighbourhood Workers had supplied temporary relief and arrangements were made for the Victorian Order nurse to visit. This was certainly a splendid example of the co-operation existing between medical and social agencies.

One day we visited one of my former patients and her baby. Both mother and baby had remained in the hospital over a month as the mother had not made a normal recovery and the baby was premature. The baby had made wonderful progress and the mother was taking it to the clinic regularly every two weeks as the district nurse had advised. I was a little disappointed that the nurse did not refer to the time the baby had spent in the hospital and give us credit for its present condition. When she was in the hospital the baby was no concern of hers and being a young and inexperienced mother she did not realise that premature babies required special care. The day she was discharged we demonstrated to her how to bathe and dress the baby, gave her the necessary instructions about feeding it regularly and hoping it would thrive, closed the door on her, all unaware that the Birth Registration Report would bring the district nurse to her home. I had regarded Mrs. G——— only as a hospital patient and not as a member of the community, consequently she referred to me in terms of the hospital as "the hospital nurse" and to the visiting nurse in terms of the community as "our nurse."

On returning to the hospital I realised that public health and hospital experience should not be considered separately for one is dependent on the other, also that the average individual has longings, yearnings, strivings for the good they comprehend not and that the bedside nurse has a very special opportunity to impart that knowledge.

Knowing that interest increases with knowledge I realised that if the nurse understood early in her training that the Hospital Social Service Department was that part of the hospital, serving as a direct link between hospital and community, it would prove of tremendous value not only to the nurse and her patient but in the community at large. She would then regard the community as her neighbour and would therefore love her neighbour as herself.

Graduate Field Work

Graduate field work has very fittingly been described as the laboratory for public health students. It is the opportunity afforded the student of making practical application of the theoretical instruction. Having had an opportunity during the course to visit the Social Service Exchange, Children's Aid Society, Infants' Home clinics in the out-patients' departments of various hospitals and having had special lectures on each, I felt that they were all old friends, each waiting to give assistance offered to both worker and the person she is endeavouring to assist by the co-operation and team work of various medical and social agencies.

Canadian Nurses Association

Tentative Programme, General Meeting

SASKATCHEWAN HOTEL, REGINA, SASK. June 24th to 28th, 1930.

TUESDAY, JUNE 24th

9-12 a.m.—
Registration.

8.30-9.30 a.m.—
Executive Committee Meetings:
Private Duty Nursing Section.
Public Health Nursing Section.
Nursing Education Section.

9.45 a.m.-12 noon—
Executive Committee Meeting, Canadian Nurses Association.

2-4.30 p.m.—
GENERAL SESSION, Canadian Nurses Association.
1. Call to Order.
2. Reading of Minutes of last meeting.
3. President's Address.
4. Report of the Honorary Secretary.
5. Report of the Executive Secretary.
6. Financial Statement.
7. Appointment of Resolutions Committee.
Appointment of Scrutineers.
Appointment of Press Representatives.
8. Roll Call.
9. Report of Standing Committees, Discussion of Reports.

6.30 p.m.—
Reception by Saskatchewan Registered Nurses Association followed by dinner as guests of the Saskatchewan Registered Nurses Association.

ADDRESSES OF WELCOME BY:
Miss Ruby Simpson, President, Saskatchewan Registered Nurses Association.
Dr. J. T. M. Anderson, Premier of Saskatchewan.
Dr. W. C. Murray, President, University of Saskatchewan.
His Worship Mayor McAra, of Regina.
Dr. W. Dakin, President, Saskatchewan Medical Association.

RESPONSE TO ADDRESS OF WELCOME:
Miss Mabel F. Hersey, President Canadian Nurses Association.

ADDRESS:
"The Nurse and The Public," by Dr. G. M. Weir, University of British Columbia.

WEDNESDAY, JUNE 25th

9 a.m.-12 noon—
GENERAL SESSION, Canadian Nurses Association.
1. Reports of Special Committees—
(a) Study—Dual Membership.
(b) Study—Joint Committee on Nursing.
(c) Question of Pooling Travelling Expenses of Delegates.
(d) Crest for Canadian Nurses Association.
2. Report of Delegates to Grand Council, International Council of Nurses.
3. Discussion of Reports.

12.45 p.m.—
Section Luncheons, followed by Business Sessions of Three Sections, to be held simultaneously:
1. Private Duty Nursing.
2. Public Health Nursing.
3. Nursing Education.

8 p.m.—
Open Session of the Canadian Nurses Association.

SPEAKERS:
1. Miss Ethel I. Johns.
2. Dr. Edith Bryan.
3. Dr. G. M. Weir.

THURSDAY, JUNE 26th

9 a.m.—
GENERAL SESSION, Canadian Nurses Association.
1. Report of "The Canadian Nurse" with discussion.
2. Amendments to Constitution and By-laws.
3. Unfinished Business.
4. New Business.

2-3.30 p.m.—
Joint Round Table of Nursing Education and Public Health Sections, including demonstrations.

3.30-5 p.m.—
Round Table, Private Duty Section.

5 p.m.—
Inspection of Educational and Commercial Exhibits.

8.15-9.30 p.m.—
Educational Films for Teaching Purposes.

FRIDAY, JUNE 27th

9 a.m.-12 noon—
Round Tables: Three Sections.

2 p.m.—
GENERAL SESSION, Canadian Nurses Association.

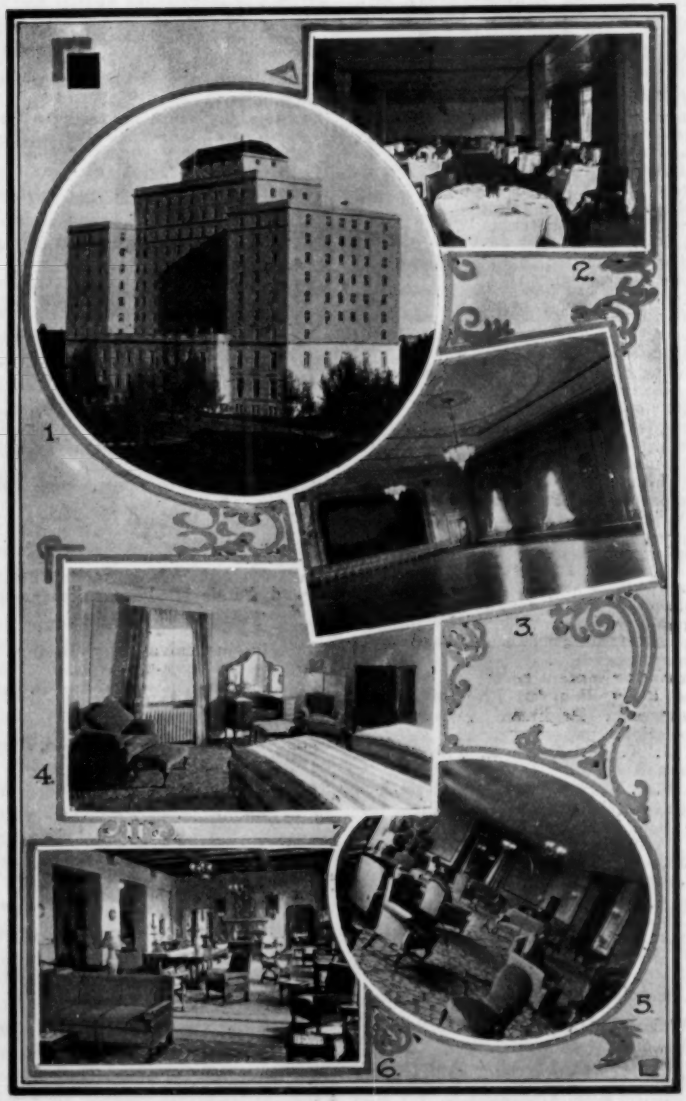
ADDRESSES:
1. Private Duty Section.
2. Public Health Section, Miss Ruby Simpson.
3. Nursing Education Section, Miss Ethel I. Johns.

8 p.m.—
Committee Meetings, Alumnae Reunions, etc.

SATURDAY, JUNE 28th

9 a.m.—
GENERAL SESSION, Canadian Nurses Association.
1. Unfinished Business.
2. Report of Resolutions Committee.
3. Election of Officers.
4. Adjournment.

2 p.m.—
Executive Committee Meeting, Canadian Nurses Association.



1. HOTEL SASKATCHEWAN, REGINA, SASK.
[CANADIAN PACIFIC HOTELS]

2. Main Dining Room 3. Ball Room 4. A Bedroom
5. Ball Room Lounge 6. Rotunda Lounge

News Notes

ALBERTA

The regular meeting of the Medicine Hat Graduate Nurses Association was held on April 1st, at the home of Mrs. R. H. Hayward. The guest of the evening was Miss K. Brighty, Superintendent of the Division of Nursing of the Department of Public Health, Alberta, who gave an interesting and much appreciated talk on Public Health Nursing activities as conducted in the province. A social hour of bridge and refreshments concluded the gathering.

Miss Mary Murray, of the General Hospital staff, is having an extended holiday at Vernon, B.C., the guest of her sister Mrs. Huycke.

Miss Alice Nash, of the Isolation Hospital, is convalescing after several weeks illness.

Miss Mary C. McCallum (Lamont Public Hospital, 1922), is taking a post graduate course in surgery in New York.

BRITISH COLUMBIA

RESULTS OF EXAMINATION FOR TITLE AND CERTIFICATE OF REGISTERED NURSE OF BRITISH COLUMBIA

The following list gives standing in order of merit of nurses writing the recent examination for the title and certificate of Registered Nurse of British Columbia.

First Class Honors—80% and over—Misses E. E. Patterson, Vancouver General Hospital; M. Armstrong, Vancouver General Hospital and University of B.C.; D. M. Foster, Vancouver General Hospital; J. G. Docker, Vancouver General Hospital; G. J. Wright, M. E. Kilpatrick, I. E. Hyland.

Second Class—65% to 80%—Misses M. L. McPhee, M. H. M. Bressey, G. M. Wright, E. Cookson, P. A. Sherwood, B. P. Scott, E. G. Duffield (I. M. Henderson, E. M. Pearse-equal), H. C. Wallace, J. C. Nelson, E. M. Gillies, M. W. Hartley (M. G. A. Clements, M. Ross—equal), O. M. Johns, H. V. Tipping, F. E. Webster, D. M. Freethy, V. P. Moffatt (M. Bowen, K. E. V. Boyd, M. Ewart, L. J. Watson—equal), J. E. Carew-Gibson, E. E. Sewell, A. B. Spear, V. E. Bell, M. C. Hardy, C. J. Trimble, S. E. Hockin.

Passed—50% to 65%—Misses E. F. Pook, A. Nichols, A. F. MacPhail, V. G. Anderson, J. B. Grant, O. I. M. McLennan, K. G. McPherson, D. Roby, B. Sager, H. W. Storey, M. H. Walters, E. E. Bond, V. I. Hemer, B. F. Fetterly, L. Doering, M. L. Rolston, E. J. Blair, E. V. Milloy, G. M. McCutcheon, B. E. Leonard.

Supplemental to write, Miss V. E. Brown.

GENERAL HOSPITAL, VANCOUVER: The regular business meeting of the Alumnae was held in the Rotunda of the Nurses Home on April 1st, Miss Cotsworth presiding.

Ways and means of increasing the number of members in good standing was the main problem up for discussion. It was agreed to put forth a special effort this month to interest members of Class 1930 in their Alumnae, and to invite them all to be present at the next meeting. At the same time it was felt that if possible all graduates of other years should be prevailed on to pay their fees for this year and to take a more active interest in the Vancouver General Hospital Alumnae. The objective at present is ten thousand dollars for a Sick Nurses' Benefit Fund (and fees would help tremendously).

Many members have been phoned or written to, and many have already responded, but if any have been overlooked and read this notice, it is hoped they will get in touch with the treasurer, Mrs. George Walker, 4534 Bellevue Drive, Vancouver, B.C., as soon as possible.

It was also definitely decided to go on with the class bridge parties in aid of the Fund, but to give up the idea of a refreshment stand at the Exhibition this year.

A most interesting talk on Mussolini and present conditions in Italy was given by Miss Burpee following the business meeting.

NOTICE TO V.G.H. GRADUATES: Miss Dorothy Coughlan, secretary, V.G.H.A., 1201 Georgia Street, Vancouver, would be glad to get the names or addresses of any members who have changed theirs since 1923.

On April 18th a most enjoyable bridge was held at the Infants' Hospital; invitations were extended by Miss Rising and Miss Melnecque of the Infants' Staff and Miss Marsden assisted in receiving the guests. The proceeds are in aid of the Sick Nurses' Benefit Fund. It is hoped others will follow this very excellent example.

Many Vancouver General Hospital graduates will be sorry to hear of the serious illness following an emergency operation, of Dr. F. C. Bell, superintendent of Vancouver General Hospital for the last seven or eight years.

Miss Cora Tretheway (Vancouver General Hospital), now of Boston, Mass., is sailing shortly for a trip abroad.

MANITOBA

ST. BONIFACE HOSPITAL: Word has recently been received from Mrs. W. Hansen (Anne Platford, 1927), now residing in India.

Miss Sadie Wright, President of the Alumnae Association, is recovering from an accident and hopes to resume her duties in the near future. Miss Frances Doherty, 1924, is in St. Boniface Hospital recovering from a serious operation. Misses Mary Dillon and Anne Cary, left recently for Los Angeles. Miss Alice Killen, 1927, is taking a post graduate course in Montreal.

Recently the newly organised Dramatic Society of the St. Boniface School of Nursing gave their first play in the large recreation hall of the Nurses Home. There was an

attendance of several hundred who thoroughly enjoyed the play. The Alumnae wish the Society continued success.

The Alumnae annual supper dance was held in the Royal Alexandra Hotel in February, and the event was greatly enjoyed by all present.

The monthly meeting of the Alumnae was held in the Nurses Home, at which Dr. Boardman gave a very interesting illustrated lecture on Calculi Formation.

Miss Eleanor Manson, 1924, is seriously ill at St. Boniface Hospital; Miss P. A. Bresnan who recently resigned from the V.O.N., Winnipeg Branch, is taking a course in X-ray and is also attending the course in Social Science. Miss Mock, 1923, until recently night supervisor at the Misericordia Hospital, Winnipeg, accompanied by Misses Emily Smith and Rolston, has gone to Chicago.

General Hospital, Winnipeg: Members of the faculty and junior class entertained at a very delightful dance on March 21st in the Nurses Residence.

The fifth annual concert by the Glee Club of the School of Nursing was held on April 10th.

Miss Betty Moss (1927), has resigned from the staff of the Winnipeg General Hospital; Miss D. Kissick (1928), is on the staff at the Sanatorium, Prince Albert, Sask.

The sympathy of the Alumnae is extended to Miss Doris Crummy (1917), Los Angeles, California, on the death of her mother.

NEW BRUNSWICK

Moncton: The monthly meeting of the Moncton branch of the New Brunswick Association of Registered Nurses was held in the Nurses Home, Moncton Hospital, on April 7th, the president Miss Myrtle Kay, in the chair. After the routine business was transacted the members heard a most interesting and instructive address by Dr. P. McL. Atkinson on "Diabetes and the Use of Insulin." At the close of the address a hearty vote of thanks was extended to the speaker after which refreshments were served.

The executive of the Provincial Association met in the Nurses Home of the Moncton Hospital on March 11th, with the president, Miss A. J. MacMaster, in the chair. Those present included Miss Maude Retallick, Secretary-Treasurer; Misses Mitchell and Coleman, of St. John; Misses McMullan and Dunbar, St. Stephen; Miss Stuart, Bathurst, Misses Kay and Gunn, Moncton; routine business was transacted after which lunch was served by Miss MacMaster.

During the months of February and March the local Chapter held a series of five informal dances in the Knights of Pythias Hall. Proceeds to go towards furnishing a new wing of the hospital.

On March 17th the local Chapter held a delightful St. Patrick's Ball and Bridge in the Knights of Pythias Hall, attended by over 300.

NOVA SCOTIA

Halifax: The regular monthly meeting of the Halifax Branch of the Nova Scotia Registered Nurses Association was held in the Lecture Theatre of the Dalhousie Public Health Clinic; Miss Gertrude Crosby, of the nursing staff of Moirs Ltd., gave an interesting talk on industrial nursing.

Miss Anne Slattery has been appointed to the staff of Dalhousie University as assistant in the Department of Hygiene and Public Health. Miss Slattery is a graduate in Arts of McGill University and of the School of Nursing of the Royal Victoria Hospital, and was a member of the first class to graduate in Public Health Nursing at the School for Graduate Nurses, McGill University. She was appointed County Public Health nurse in Cape Breton, when this work was begun in 1922, and was assistant-director of the School for Graduate Nurses, McGill University, and lecturer in Public Health Nursing 1924-29.

Miss Ethel Grant has been appointed superintendent of nurses, Hospital for Infectious Diseases, Halifax, N.S. Miss Grant is a graduate of the Waltham Hospital, Waltham, Mass.

Miss Callahan (Victoria General Hospital, 1930), has been appointed to the staff of the Hospital for Infectious Diseases.

Misses Eveline Morris, Sophie Searle, Irene Miller and Caroline Kerr (Halifax Children's Hospital), are at present taking post graduate work at the Cory Hill Hospital, Brookline, Mass.

Mrs. Celeste MacDonald (nee Lombard, Victoria General Hospital), has received an appointment to the staff of the Marine Hospital, Sydney, C.B., having passed the required Civil Service examinations.

Mrs. MacDonald served overseas during the war and is the widow of the late Major P. W. S. MacDonald who died while on active service. On her return from overseas Mrs. MacDonald held the position of school nurse in Sydney, C.B., for a number of years.

Miss Rachael Cook, Halifax Children's Hospital, is at present night supervisor, Corey Hill Hospital, Brookline, Mass.

ONTARIO

Paid-up subscriptions to "The Canadian Nurse," for Ontario, in April, 1930, were 1,239. One hundred and forty-nine less than in March, 1930.

Appointments

Miss Laura Young (Port Arthur General Hospital, 1927) has been appointed to the staff of the new hospital.

Miss Bernice Vinall (St. Joseph's Hospital, Hamilton, 1928), has accepted a position with Public Health Department at Hamilton.

Miss M. McCormick, formerly supervisor of Private Patients Department of Brantford General Hospital, left at the middle of April to assume her duties as Assistant Superintendent of the Cobourg Hospital.

Miss Lottie Call (Hamilton General Hospital, 1926), has accepted the position of assistant in the Operating Room at the Vancouver General Hospital, and leaves immediately. Miss Flossie Armstrong (1926), has taken a position in the General and Marine Hospital, St. Catharines. Miss Janie Cordner (1924), who has been the very efficient corresponding secretary of the Alumnae Association, has accepted a position in Port Arthur General Hospital. Miss Florence Walker (1924), leaves at the end of June to take a position in the Vancouver General Hospital.

Misses Margaret Wallace and Emily Sinclair (Toronto Western Hospital, 1929), are doing hospital duty at the Red Cross Hospital, Espanola. Northern Ontario. Miss Vera Bradshaw (1929), is doing institutional duty at the General Hospital, Bracebridge, Ont.

District 1

Chatham: Recently a meeting of the Executive and Councillors of District No. 1, R.N.A.O., with Miss Nellie Gerard, of Windsor, President, in the chair, was held in the Nurses Residence of the Public General Hospital, Chatham. A programme for the work of the present year was outlined and plans made for the next meeting which will be held in St. Thomas, Ontario. Nurses were present from London, Windsor, Strathroy and Sarnia.

At the close of the business session the visiting nurses were the guests of Miss Campbell and staff of P.G.H., when refreshments were served.

General Public Hospital, Chatham: The annual meeting and election of officers of the Alumnae was held in February, Miss Tinney, the president, presiding. The reports given for the year were very satisfactory. Miss Annie Head was elected president for the year 1930, Miss L. Baird, treasurer; and Miss C. McKerracher, secretary.

The regular monthly meeting of the Alumnae was held on March 3rd, with Miss Head, President, occupying the chair and thirty-two members present. After the reading of reports, numerous business matters were dealt with and a discussion followed regarding schemes for raising of funds for the association during the coming year.

On the eve of her departure to take up new duties as night supervisor at the Florence Crittenden Hospital, Detroit, Mich., Miss Elleda Mummery, for two years night supervisor on the staff of Public General Hospital, was entertained at the Nurses Home by the staff and student nurses. After the regular programme of Students' Literary Club, which is held every Wednesday evening, Miss Mummery was presented with a very beautiful solid leather travelling case fitted with mother of pearl and amber toilet articles. Accompanying the presentation was an address which expressed the regret of both staff and student nurses at Miss Mummery's departure. After a very delightful lunch the remainder of the evening was spent in dancing.

On Friday afternoon, March 7th, the organisation meeting of a Junior Hospital League for hospital work, in connection with the Public General Hospital, was held. Mrs. C. W. Rhynas, of Burlington, Ont., Chief of Advisory Committee of Ontario Hospital Aids, addressed a gathering of enthusiastic young women whose desire it was to band themselves together for hospital work. After a most illuminating address from Mrs. Rhynas, there was no doubt left in the minds of those present as to what would happen. Before the meeting closed officers were elected and a programme of activities started. Mrs. A. D. Chaplin was the unanimous choice for President, First Vice-President, Mrs. W. S. Campbell; Second Vice-President, Mrs. T. H. Taylor; Secretary, Mrs. Chester Glenn; Treasurer, Mrs. C. J. Coyle.

District 2

General Hospital, Brantford: The district meeting in Guelph of the Registered Nurses Association was well represented by members from Brantford. Miss M. Waghorn is supplying on the hospital staff, owing to the illness of Miss T. Dawson. An enjoyable shower was given for Mrs. Langton at the home of Dr. and Mrs. Morrison.

District 4

St. Joseph's Hospital, Hamilton: Misses Fanny Carlisle and Soutar (1928), have left for Toronto where they have entered in training for mission work in the Western Canadian Provinces and China, respectively. Misses Florence Deitrick and Helen Fagan (1929), have taken positions at Oleon, N.Y. Misses Irene Coleman and Winifred Dwyer (1923), have left for California. Mrs. Ross Wheatley (Edith Galloway, 1920), and son have spent the winter in Southern States. Miss Helen Hefferman (1917), supervisor of St. Elizabeth's Visiting Nurses Association, Toronto, gave an interesting talk to the members of the Catholic Women's League, at Hamilton, last month.

The Alumnae held a very pleasant and successful dance at the Royal Connaught Hotel, February 10th, when a substantial sum was realised for the treasury.

General Hospital, Hamilton: Miss Janie Cordner (Hamilton General Hospital, 1924), who has been a very efficient corresponding secretary of the Alumnae Association, has accepted a position in Port Arthur General Hospital. Miss Florence Walker (1924), leaves at the end of June to take a position in the Vancouver General Hospital; Miss Gladys Stoneman (1926), has returned from New York and is working on the staff of the Board of Health. Miss Gladys Tibbs (1927), has recovered after an operation for goitre. Mrs. E. P. Malcolmson (1914), had the misfortune recently to fracture her leg when getting off the train.

District 5

Western Hospital, Toronto: At the Alumnae meeting in March, lantern slides of the movements of the alimentary canal and the effect of certain drugs used to cause these movements were shown by Mr. Whittington.

Mr. and Mrs. Harold Duff (Grace Geir, 1921), who have been living in San Francisco are now located in Brooklyn, New York.

Hospital for Sick Children, Toronto: Miss Hattie Fraser has resigned her position as superintendent of the I.O.D.E. Preventorium, Toronto.

During the past month, members of the Alumnae and a number of associate nurses have taken advantage of the interesting and instructive lectures given each Monday night by members of the hospital staff. The subjects discussed were: (1) "Need of Recognising and Providing for Special Abilities and Disabilities in Children," Miss Lowden; (2) "Certain Aspects of the Cancer Question in Relation to Radium," Dr. A. E. Richards; (3) "Epilepsy," Dr. W. Wray Barraclough; (4) "External Nasal Deformities in Children," Dr. J. G. Strachan.

General Hospital, Toronto: The monthly meeting of the Alumnae Association was held on Wednesday, April 2nd, in the Reception Room of the Nurses' Residence. Miss Jean Browne presided; there was a very good attendance, including the members of the graduating class who were invited to attend the meeting.

The minutes of the last meeting and the treasurer's report were read and adopted, after which the members were asked to elect a representative to attend the General Meeting, C.N.A., in Regina.

Miss Jean Browne was elected, but was unable to accept owing to previous plans which coincided with the General Meeting. It was then moved and carried unanimously, that the First Vice-President, Miss Dove, be elected as the representative to attend the General Meeting in Regina.

Miss Knisely introduced Dr. Margaret Patterson, Magistrate of the Women's Court, who gave a very interesting discourse on the history and work of the Court. Following adjournment refreshments were served.

District 8

Ottawa: At a well-attended and thoroughly representative supper meeting held at the Daffodil Tea Room, Ottawa, on March 27th, the public health nurses of District No. 8 decided to form a group "for the purpose of promoting greater interest in public health and to help in the development of the best possible relationships between nurses engaged in various types of public health nursing in the District."

The following officers were elected: President, Miss D. M. Percy; Vice-President, Miss Frances Lyons; Secretary-Treasurer, Miss Elizabeth McGibbon; Convener, Programme Committee, Miss Marjorie Robertson.

At the close of the business part of the meeting, Miss Winnifred Dawson, recently appointed Eastern Supervisor of the Victorian Order of Nurses for Canada, gave an interesting account of public health work in Brazil, in which country she had spent six years with the Rockefeller Foundation.

On February 21st, at an evening meeting in the Carnegie Library, Ottawa, the private duty nurses of District No. 8 organised into a Private Duty Group, for the purpose of promoting the interest of private duty nurses in the district.

Thirty-seven nurses were present at the meeting, everyone seeming most enthusiastic and entering into lively discussion of the proposed aims and objects of such an association.

The following officers were elected: President, Miss Mary Slinn; Vice-President, Miss Kemp; Secretary-Treasurer, Miss Annie Stackpole; Programme Committee: (1) Representing St. Luke's Hospital Alumnae, Miss Mildred Nixon; (2) Representing the Lady Stanley Alumnae, Miss Jessie Davidson; (3) Representing the Ottawa General Hospital Alumnae, Miss May Landreville; (4) Representing the Ottawa Civic Hospital Alumnae, Miss Anna Muffell; (5) Representing the outside graduates, Miss Laura McLaughlan.

On April 7th a largely attended and very successful meeting of the Nurses' Alumnae Association of the Ottawa General Hospital was held in the drawing-room of the Nurses Residence under the chairmanship of Miss Juliette Robert. The members of the 1930 graduating class were guests for the occasion.

Miss F. Nevins gave an interesting report of the activities of the Alumnae Association since its inception in 1909, and Mrs. Devitt gave a brief sketch of the local nursing organisations.

Miss Stackpole then spoke on the work of the nurses of the District towards the welfare of the City Registry. The speakers were introduced by Miss Robert, and votes of thanks were extended to them by Miss Eileen Foley and Miss H. Carter, members of the senior class.

District 10

Port Arthur: Dr. G. M. Weir, of Vancouver, who is making a survey on Nursing Education in Canada, addressed a mass meeting of nurses in the lecture room of St. Joseph's Hospital, February 27th, and on the previous evening Dr. Weir addressed the Medical Association of Fort William and Port Arthur. On Thursday evening following the lecture the Executive of District No. 10 entertained Dr. Weir at dinner.

The regular monthly meeting of District No. 10, R.N.A.O., was held in St. Joseph's Hospital, Port Arthur, on March 7th. Following a musical programme, Dr. James Bell, District Bacteriologist, Provincial Department of Health, Fort William, gave an interesting address on "Bacteriology".

Fort William: Miss Edith Muir (McKellar Hospital 1929), is taking a six months

post graduate course at the Women's Hospital, New York City.

Miss Sadie Dodge (McKellar Hospital, 1929), has entered the Massachusetts Eye, Ear, Nose and Throat Hospital, Boston, for a post graduate course.

Miss Mary Sideen (Private Duty), Fort William, was appointed delegate to the R.N.A.O. convention in Toronto, in April. Miss Eva Hubman (School Nurse), Fort William, is being sent by the Board of Education to attend this convention.

McKellar Hospital Alumnae met on February 25th at the home of Miss Jane Hogarth. Mrs. H. W. Foxton gave an interesting paper on "Leprosy". Mrs. Wolfrane, of Detroit, formerly Miss Laura Hunter (McKellar Hospital, 1914), was a welcome visitor. Regret was expressed that Mrs. Foxton is leaving the city, her husband being transferred to Portage la Prairie. Following the meeting bridge was played. The Alumnae pins are now available and may be obtained by all graduates of the school by writing to Mrs. J. Eberts, Post Office Chambers, Fort William.

QUEBEC

ROYAL VICTORIA HOSPITAL, MONTREAL: The annual Alumnae dinner given to the graduating class was held on March 25th at the Ritz-Carlton Hotel. Two hundred and fifty guests were present. Mrs. Stanley, President of the Alumnae Association, presided and gave the toast to "The King". This was followed by a toast to the "Governors" by Miss Amy Stoddard. The toast to "Our Guests" was given by Miss Milla McLellan, and replied to by Miss Algie (1930).

Miss Carwell proposed a toast to the "Doctors", and Mrs. Eric B. Reddy concluded the programme with one to "Our Absent Friends".

On March 26th the Graduation Exercises were held in the Nurses Home. Brig. Gen. H. S. Birkett presided, in the absence of Sir. Herbert Holt through illness. Sixty-eight students received their diplomas which were presented by Lady Holt.

Miss Parsons and Miss Heeniegar received the prizes in the first division while Miss Littlefield and Miss McLaren were the winners in the second division.

A reception followed, and in the evening an informal dance took place for the graduates and their friends.

Miss Ray Fellows (1928), of the staff of the Women's Pavilion, is planning to spend the summer in England; Mrs. Ernest Graham (Rita Nicholson, 1925), is leaving Montreal to reside in Ottawa; Mrs. Alan Ball (Josephine Morrison, 1925), is going to live in Toronto; Miss Charlotte Green (1928), is resigning from the fourth floor, Ross Pavilion, and will spend the summer in England; Miss McDiarmid will succeed Miss Green; Miss Lena Campbell (1919), is resigning as night supervisor of the Shriners' Hospital, Montreal, and will spend the summer in Western Canada.

CHILDREN'S MEMORIAL HOSPITAL, MONTREAL: During March and April a very interesting course of lectures was arranged by the Alumnae Association, in the form of a Refresher Course. There were five lectures, all of which were very well attended.

GENERAL HOSPITAL, MONTREAL: Miss Edith McLeod has resigned her position on the staff of the Operating Room and has taken charge of the Operating Room of the Medical College Hospital of Virginia, Richmond, Va.

RECENT APPOINTMENTS: Miss Cruise (1929), and Miss McLaren (1930), to the Operating Room staff of the hospital. Miss Cass (1930), charge of the third floor of the Woman's General Hospital, Montreal; Miss Isabel Miller (1930), and Miss Staples (1929), are doing floor duty in the same hospital; Miss L. Best (1926), to the staff of the Ottawa Civic Hospital, Ottawa.

The engagement is announced of Miss Ina V. Currie (1924), to Dr. Arthur B. Manson, of Vancouver, B.C.

The sympathy of the Association is extended to Miss Murdoch (1917), and Miss Powter (1904), in the loss of their brothers, and to Mrs. Hibbard (A. Brocke, 1901), in the loss of her son.

WESTERN HOSPITAL, MONTREAL: A very interesting lecture was given by Dr. Wesley Bourne on Sodium Amytol Anaesthesia at the Alumnae meeting in March, which was very well attended.

Miss Lillian Brand underwent an operation recently at the Montreal General Hospital, Western Division.

Miss H. Fisk is a patient in this hospital and is progressing favourably.

Miss Gillespie (1922), is on the staff at the Red Cross Hospital, Thessalon, Ont.

WOMEN'S GENERAL HOSPITAL, WEST MOUNT: The members of the Alumnae extend their sympathy to Miss M. A. Seguin in the death of her mother.

SASKATCHEWAN

CITY HOSPITAL, SASKATOON: Recently Mrs. N. K. Thomson entertained the members of the Alumnae at bridge at her home. During the evening Mrs. John Papinoff and Mrs. Harold Elliot, two recently married members, were presented with silver comports.

BIRTHS, MARRIAGES, AND DEATHS

BIRTHS

ANGEL—On April 4th, 1930, to Mr. and Mrs. Albert Angel (Dorothy Mowat, Vancouver General Hospital), a son—Robert Adair.

BAIN—On April 6th, 1930, to Mr. and Mrs. William Bain (Winnifred Crossling, Vancouver General Hospital), a son. (Baby died April 7th.)

CAPIDO—Recently, in Hamilton, to Mr. and Mrs. Capido (Elsie Yacibucci, St. Joseph's, Hamilton, 1926), a daughter.

CLEMENTS—On January 29th, 1930, at Perth, Ont., to Mr. and Mrs. H. C. Clements (Bertha Monnery, Kingston General Hospital, 1928), a son.

CRANE—In March, 1930, at Oakland, California, to Mr. and Mrs. Crane (Belle Reilly, St. Boniface Hospital, 1921), a son.

DONALDSON—On March 12th, 1930, at Edmonton, to Mr. and Mrs. Gordon W. Donaldson (Gladys Gee, Winnipeg General Hospital, 1928), a son.

DUKE—Recently, in Hamilton, to Mr. and Mrs. A. Duke (Margaret O'Heir, St. Joseph's, Hamilton, 1927), a daughter.

DUNLOP—In October, 1929, at Edmonton, to Mr. and Mrs. Ralph Dunlop, Indian Head, Saskatchewan (Inez Fenton, Lamont Public Hospital, 1927), a son.

DWYER—Recently, in Hamilton, to Mr. and Mrs. E. Dwyer (Frances Quinlan, St. Joseph's, Hamilton, 1920), a son.

GILROY—On March 17th, 1930, to Mr. and Mrs. Gilroy (Gladys Elliot, Toronto General Hospital, 1917), a son.

GRAHAM—On January 10th, 1930, at Lamont, Alta., to Mr. and Mrs. J. H. Graham (Violet Letts, Lamont Public Hospital, 1925), a son—John Letts.

GRAY—Recently, in Hamilton, to Mr. and Mrs. Gray (Doris Pond, St. Joseph's, Hamilton, 1928), a son.

GUNNING—On April 6th, 1930, at Vancouver, to Mr. and Mrs. Basil Gunning (May Lafere, Vancouver General Hospital), a son.

KELLY—Recently, in Hamilton, to Mr. and Mrs. Basil Kelly (Myreta Duggan, St. Joseph's, Hamilton, 1919), a son.

LANSEN—On April 2nd, 1930, at Vancouver, B.C., to Mr. and Mrs. Frank T. Larsen (Mary Nicholson, Vancouver General Hospital), a son.

MERRITT—Recently, at Winnipeg, to Dr. and Mrs. Paul Merritt (Neelin, Winnipeg General Hospital, 1928), a daughter.

MILNE—On March 29th, 1930, in Hamilton, to Dr. and Mrs. R. E. A. Milne (Evelyn Swayze, Hamilton General Hospital, 1923), a son.

MITCHELL—On March 18th, 1930, at Montreal, to Mr. and Mrs. W. Mitchell (Hazel Black, Children's Memorial Hospital, Montreal, 1928), a daughter.

MORLEY—On March 11th, 1930, to Mr. and Mrs. A. J. Morley (Edith Burris, Vancouver General Hospital, 1920), a daughter—Patricia Jane.

McDIARMID—On March 21st, 1930, at Vancouver, B.C., to Dr. and Mrs. N. McDiarmid (Vyda MacDonald, Vancouver General Hospital, 1925), a daughter.

McLEOD—On March 16th, 1930, in Englehart, Ont., to Mr. and Mrs. Peter McLeod (Zetta Pratt, Hospital for Sick Children, 1921), a son.

MacPHILLIPS—On February 24th, 1930, at Chatsworth, Ont., to Dr. and Mrs. MacPhillips (Erla McKay, McKellar Hospital, Fort William, 1924), a son.

PECKHAM—Recently, in Hamilton, to Mr. and Mrs. W. Peckham (Minetta Gies, St. Joseph's, Hamilton, 1918), a daughter.

PELLETIER—On March 12th, 1930, at St. Boniface, to Mr. and Mrs. R. Pelletier (Ethel Burke, St. Boniface Hospital, 1927), a son.

PIGGOTT—Recently, in Hamilton, to Mr. and Mrs. Roy Piggott (Evelyn Jackson, St. Joseph's, Hamilton, 1927), a daughter.

SHEEHAN—Recently, at Dundas, to Mr. and Mrs. T. Sheehan (Norah Finn, St. Joseph's, Hamilton, 1918), a daughter.

STEVENSON—On March 10th, 1930, at Vancouver, B.C., to Mr. and Mrs. Robert M. Stevenson (Viola Sinclair, Winnipeg General Hospital), a son.

SUTHERLAND—Recently, at St. Boniface, to Mr. and Mrs. John Sutherland (Olive Heith, St. Boniface Hospital, 1925), a daughter.

SWAN—On April 8th, 1930, at Winnipeg, to Mr. and Mrs. T. C. Swan (Brown, Winnipeg General Hospital, 1925), a son.

ULCH—On February 21st, 1930, at Windsor, Ont., to Mr. and Mrs. Josiah Ulch (Dorothy Wigle, Chatham General Hospital, 1926), a son—Theodore Nelson.

WEBSTER—On March 27th, 1930, at Saskatoon, to Mr. and Mrs. David Webster (Marie Lyke, 1927), a son.

WHITEFORD—Recently, at Montreal, to Mr. and Mrs. J. T. Whiteford (Edith Jackson, Children's Memorial Hospital, Montreal, 1925), a son.

YOUNG—On March 6th, 1930, at Norristown, Penn., to Mr. and Mrs. John Young (Gladys Boyes, Children's Memorial Hospital, Montreal, 1919), a son.

MARRIAGES

BELL—ARMSTRONG—On March 11th, 1930, at Mt. Vernon, Wash., Mae V. Armstrong (Vancouver General Hospital, 1925), to Frederick J. Bell.

BENNETT—SNIDER — On March 27th, 1930, at Toronto, Grace Snider (Hospital for Sick Children, Toronto, 1925), to Dr. J. T. Bennett of Albuquerque, New Mexico.

BLAKE—AUSSEM — Recently, in Hamilton, Josephine Aussem (St. Joseph's, Hamilton, 1928), to John Blake, of Philadelphia.

BRANDON—BOLEY—Recently, in Hamilton, Marie Boley (St. Joseph's, Hamilton, 1923), to Lee Brandon, of St. Williams.

CHAMBERS—HORN — On March 26th, 1930, in Winnipeg, Mabel Horn (Winnipeg General Hospital, 1921), to Edward Chambers, of Somerset, Man.

COONES—LOCKE—On March 8th, 1930, in Toronto, Kaye Locke (Toronto General Hospital, 1924), to Mr. Coones, of Toronto.

CORBETT—CHISHOLM — Recently, Veronica Chisholm (Victoria General Hospital, Halifax, 1928), to Dr. Herbert Redmond Corbett.

DICKSON — ANDREASON — On April 11th, 1930, in Toronto, Astrid Andreason (Toronto General Hospital, 1923), to Dr. Charles Dickson.

FLAHERTY — HENRY — On February 17th, 1930, at Huntsville, Ont., Edna Henry (Orillia Soldiers' Memorial Hospital, 1926), to Richard Flaherty. At Home, Huntsville, Ont.

HANRAHAN—MacKINNON — Recently, Florence Loretta MacKinnon (St. Martha's Hospital, Antigonish), to John Hanrahan.

LOUGHEED — BROWN — Recently, in Vancouver, B.C., Irene Ann Brown (Vancouver General Hospital, 1919), to Hon. N. S. Lougheed, Minister of Public Works.

MADILL — REYNOLDS — On February 20th, 1930, at Saskatoon, Dora Rosamund Reynolds (Saskatoon City Hospital, 1924), to Harry A. Madill, of Saskatoon.

PENDLETON—ROBB—On March 11th, 1930, Marion Robb (Saskatoon City Hospital, 1929), to George Pendleton. At Home, 612 Sixth Avenue North, Saskatoon.

PLOWMAN—SANDERGARTH — In December, 1929, at Coronation, Alta., Catherine Sandergarth (Lamont Public Hospital, 1928), to Kenneth Plowman.

POOLE—DERMODY—Recently, in Hamilton, Lilian Dermody (St. Joseph's, Hamilton, 1918), to John Poole.

RHOBBIE—ROSS—On March 10th, 1930, at Chicago, Audrey Ross (St. Boniface Hospital, 1928), to Edward Rhobbie, of Winnipeg, Man.

SEELEY—MacRAE — Recently, Barbara Anne MacRae (Victoria General Hospital, Halifax), to Rev. Robert Seeley.

SPENCE—McCALLUM—On March 7th, 1930, in Hamilton, Jessie McCallum (Hamilton General Hospital, 1923), to Carlyle L. Spence, of Dunville, Ont.

YOUNG—CALHOUN—On February 10th, 1930, at Hespeler, Ont., Janet Calhoun (Hospital for Sick Children, Toronto, 1926), to Ralph Young, of Goshen, Indiana.

DEATHS

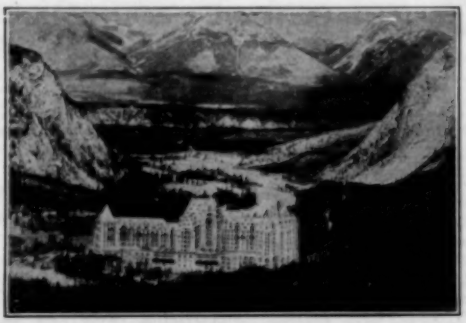
BARTON—On March 24th, 1930, in Toronto, Captain Walter R. Barton, beloved husband of Lottie Bell Barton (Toronto Western Hospital, 1918).

LENNOX—On February 16th, 1930, at South Bend, Indiana, Edith Lennox (City Hospital, Saskatoon, 1912).

MARTIN—On March 15th, 1930, at Hamilton, Minnie Martin (Hamilton General Hospital, 1915), after a lengthy illness.

McARTHUR—On March 17th, 1930, in Toronto, Mary Isabel McArthur (Minnie Burford, Toronto Western Hospital, 1922).

PERRIE—On April 9th, 1930, at The Pas, Man., Elsie Perrie (St. Boniface Hospital, 1929).



—By courtesy, C.P.R.

BANFF SPRINGS HOTEL

REGISTRATION of NURSES

Province of Ontario

EXAMINATION ANNOUNCEMENT

An examination for the Registration of Nurses in the Province of Ontario will be held in May.

Application forms, information regarding subjects of examination, and general information relating thereto may be had upon written application to

MISS A. M. MUNN, Reg.N.,
Parliament Bldgs., Toronto

Applications are invited for the position of Superintendent of Nurses now vacant at the Provincial Mental Hospital, Ponoka, Alberta. Candidates must have had a mental and a general training. Salary one hundred and twenty-five dollars per month, all found. Apply, Medical Superintendent.

The Babies' Hospital, Broadway and 167th Street, New York, N.Y., offers a four-months Post Graduate Course in Pediatrics. For particulars write Director of Nursing.

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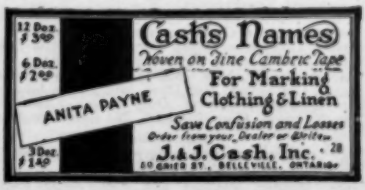

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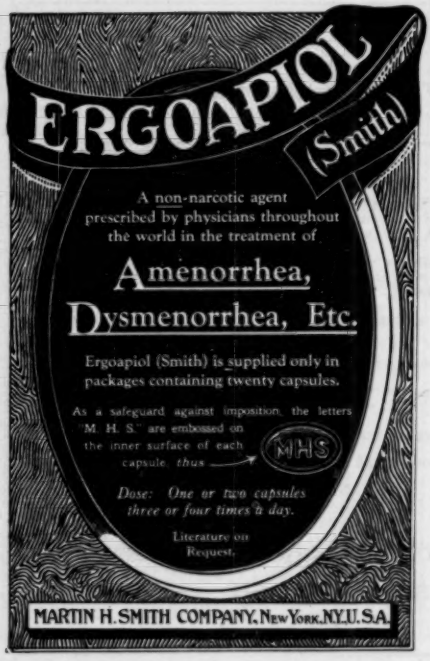
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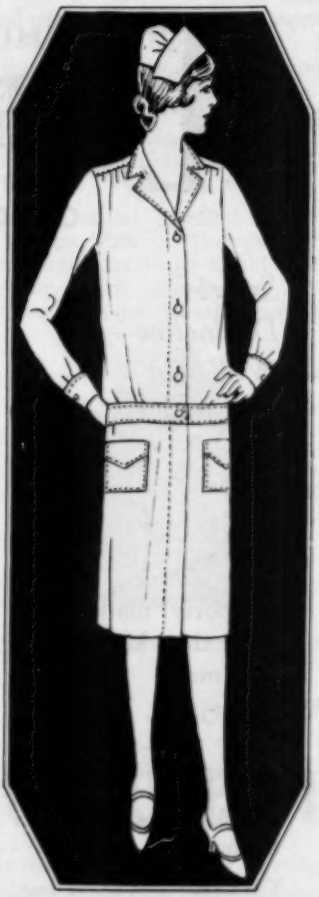

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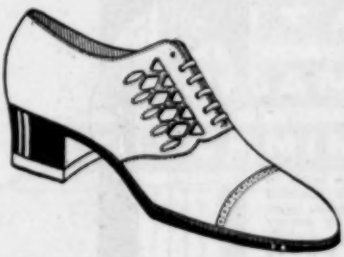

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